DLN: 93493133042691

2019

OMB No. 1545-0047

Form **990**

Department of the

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		nue Service	l .						
			alendar year, or tax year begin C Name of organization	ning 07-01-2019 , and ending 0	06-30-2	2020	D Employ	or idonti	ification number
		pplicable: change	The George Washington University						ilication number
	me ch	-					53-019	6584	
_	tial ret		Doing business as						
		n/terminated d return	Number and street (or P.O. box if m	ail is not delivered to street address) Roc	om/suite		E Telephor	ne numbe	er
		on pending	c/o TAX DEPT 45155 RESEARCH PL :		orriy ource		(571) 5	53-8309	9
			City or town, state or province, cour	ntry, and ZIP or foreign postal code			, ,		
			ASHBURN, VA 201474198				G Gross re	ceipts \$	1,992,323,401
			F Name and address of principa	l officer:	ŀ	l(a) Is this	a group re	turn for	
			Thomas J LeBlanc 1918 F St NW						□Yes ☑No
			WASHINGTON, DC 20052		+			tes	☐ Yes ☐No
T Ta	x-exen	npt status:	☑ 501(c)(3) □ 501(c)() ◄ ((insert no.)	27			list. (see	e instructions)
J W	ebsit	e:▶ WW	/W.GWU. EDU		─ •	l(c) Group	exemption	numbe	ır 🟲
K Forr	n of or	rganization:	: 🗹 Corporation 🗌 Trust 🔲 Asso	ciation ☐ Other ►		Year of forma	tion: 1821	M State	e of legal domicile: DC
		C							
Pa	art I		mary scribe the organization's mission o	r most significant activities:					
a)			ON AND RESEARCH	Those significant activities.					
Ě	-								
E	-								
Governance	2	Check thi	is box $\blacktriangleright \Box$ if the organization dis	continued its operations or disposed	l of mor	e than 25%	of its net a	ssets.	
			of voting members of the governin					3	19
25 ლ	4	Number o	of independent voting members of	the governing body (Part VI, line 1b) .			4	18
Activities &	5	Total nun	nber of individuals employed in ca	lendar year 2019 (Part V, line 2a) .				5	15,920
Ę	6	Total nun	nber of volunteers (estimate if nec	essary)			•	6	3,100
ď	l			VIII, column (C), line 12	(571) 553-8309 G Gross receipts \$ 1	+			
	b	Net unrel	ated business taxable income fron	n Form 990-T, line 39			•	7b	
						Pric			Current Year
₫:	l			92,090,05					
Ravenue	l	-	service revenue (Part VIII, line 2g)			1,497,254,154			
Ω.	ı		ent income (Part VIII, column (A), I		44,385,163				
			venue (Part VIII, column (A), lines		2)				33,882,425 1,667,611,791
	_		<u>-</u>		2)				
	l						429,370,	094	429,336,874
			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10)		724 619	762	743,333,31:
See		•			10)				666,356
Expenses			raising expenses (Part IX, column (D), I				1,020,	030	
ភ្ន			penses (Part IX, column (A), lines	·	-		524 136	789	525,212,989
	l	·	enses. Add lines 13–17 (must equ	•					1,698,549,530
	l	•	less expenses. Subtract line 18 fro	11 40					-30,937,739
× o						Beginning			End of Year
Net Assets or Fund Balances									
Bal			ets (Part X, line 16)				4,563,094,	483	4,920,138,728
₹ ₹	l		ilities (Part X, line 26)				2,216,217,	390	2,590,896,857
Zű	22		s or fund balances. Subtract line 2	21 from line 20			2,346,877,	093	2,329,241,87
	rt II		ature Block	ined this return, including accompan	vina col	andulas and	ctatomont	s and t	a the heat of my
any k	nowle	edge.							
		*****	*			202	1-05-13		
Sign		Signatu	ure of officer			Date	9		
Here		Neena	Ali AVP & University Controller						
			r print name and title						
		P	rint/Type preparer's name	Preparer's signature	Date				 51
Paid	t	\vdash				self-	employed		
	pare	71	irm's name F Grant Thornton LLP	Firm	n's EI N ▶ 36-	-6055558	3		
Use	On	ly F	irm's address ► 1000 Wilson Blvd Suite	1400		Pho	ne no. (703)	847-7500	0
			Arlington, VA 22209						
M = 1/ +	ho ID	S discuss	this return with the preparer show	un abovo? (soo instructions)				J	Ves No

Form	990 (2019)					Page 2						
Pa	Statement	of Program Serv	ice Accomplis	hments								
	Check if Sche	dule O contains a res	ponse or note to	any line in this Part III		🗆						
1	Briefly describe the o	organization's mission	:	•								
				ate individuals in libera and publish the finding	ll arts, languages, sciences, lear s of such research.	rned professions, and other						
2	Did the organization	undertake any signifi	cant program ser	vices during the year w	hich were not listed on							
	the prior Form 990 o					🗌 Yes 🗹 No						
	If "Yes," describe the											
3	Did the organization	cease conducting, or	make significant	changes in how it cond	ucts, any program							
	services?											
	If "Yes," describe the	ese changes on Sched	lule O.									
4		d 501(c)(4) organiza	tions are required	to report the amount	largest program services, as m of grants and allocations to othe							
4a	(Code:) (Expenses \$	1,234,904,433	including grants of \$	354,063,079) (Revenue \$	1,222,590,841)						
	See Additional Data	, (_, ,, ,		, , , , , , , , , , , , , , , , , , , ,	_,,						
4b	(Code:) (Expenses \$	221,525,871	including grants of \$	75,273,795) (Revenue \$	188,208,236)						
	See Additional Data											
4c	(Code:) (Expenses \$	93,930,070	including grants of \$	0) (Revenue \$	86,505,842)						
	See Additional Data											
4d	Other program servi	ces (Describe in Sche	dule O.)									
	(Expenses \$	ir	cluding grants of	\$) (Revenue \$)						
4e	Total program serv	vice expenses ►	1,550,360,3	74								

Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 💆 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Nο Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Yes Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Yes permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII **11**c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 11f Yes 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Yes b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Yes 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Yes column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) 🔧 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a No **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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rm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
1	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d I	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27	Yes	
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b,	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
LI	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
ā	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		✓
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 39,261			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			

1c

Yes

				Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ►BR, CH	4a	Yes	
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		No
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		No
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	0		
	parachute payment(s) during the year?	15 16	Yes	No

	,			· age
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response 2 through 7b below, and Discl	o" resp	onse to	lines V
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Code	e.) Yes	N.
10-	Did the organization have local chapters, branches, or affiliates?	10a	res	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		110
	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
	form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b	taxable entity during the year?	16a	Yes	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA , IN , KS , MD , MA , MI , NH , NY , OF	c, sc		
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Neena Ali 45155 RESEARCH PL STE 260 ASHBURN, VA 201474198 (571) 553-3601			- 15 -
			orm 00	n (201

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no													
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Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Form 990 (2019) Page 8													
Part VII Section A. Officers, Direct	ors, Trustees	, Key I	Empl	loye	es,	, and	High	nest Com	pensate	d Employees	conti	inued)	
(A) Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles fficer	neck mo ess pers er and a etee)	rson	(D Report compen from organiz	table sation the	(E) Reportable compensatior from related organizations		Estima amount o compens from	ated of other sation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1 MIS		(Ŵ-2/1099- MISC)		organizati relat organiza	ed
See Additional Data Table				_		<u> </u>	+				1		
		<u> </u>	<u> </u>	<u> </u>	\perp	<u> </u>	<u> </u>				1		
	<u> </u>		<u> </u> '	<u> </u> -	<u> </u>	<u> </u>	<u> </u>				+		
		<u> </u>		<u> </u>	\vdash	_	+				+		
	 		 	 	\vdash	_	+				+		
	 		 		\vdash	+	+				+		
							+				\top		
	1b Sub-Total												
d Total (add lines 1b and 1c)						<u> </u>		12,41	0,399		0		791,718
Total number of individuals (including of reportable compensation from the	but not limited	to those				e) who) rece	eived more	than \$1	00,000			
3 Did the organization list any former of line 1a? If "Yes," complete Schedule 3			.ee, k	ey e	:mpl·	oyee,	or hi	ghest comp	pensated	employee on	3	Yes Yes	No
For any individual listed on line 1a, is organization and related organization individual	the sum of repo	ortable o								the	4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization									on or indi	vidual for	5	100	No
Section B. Independent Contract				_	_								INO
Complete this table for your five higher from the organization. Report comper											npens	sation	_
	(A) and business addre	ess							Desci	(B) ription of services		(C Comper	sation
GWU MEDICAL FACULTY ASSOCIATES				_	_		_	Te	eaching an	d research		38	,353,462
2150 Pennsylvania Avenue NW WASHINGTON, DC 20037 2U INC								 E-	-Learning			36	,274,667
8201 CORPORATE DRIVE									-Learnny			÷.	,214,00,
LANDOVER, MD 21286 ARAMARK SERVICES INC								Fa	acility servi	ces		18	,818,545
1776 Wilson Blvd Arlington, VA 20706													
WHITING TURNER CONTRACTING CO								Co	onstruction			13	,789,434
300 E JOPPA RD BALTIMORE, MD 22031 DONOHOE CONSTRUCTION CO									onstruction			6	,073,319
2101 WISCONSIN AVE NW									onstructio.			C	,0/3,315
Washington, DC 20007 2 Total number of independent contractor		not lim	nited !	to th	nose	listed	abo	ve) who red	ceived mo	ore than \$100,00	00 of		
compensation from the organization 🕨	567				_							Form 99	n (2010)

		(2019) Statement	of E	Povonuo						Page 9
Part	VII				respo	onse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1	.a Federated campa	igns	s	1a	0		revenue		512 - 514
Grants Amounts		b Membership dues	5.	· [1 b	0				
Gra mo		c Fundraising even	ts .	[1c	123,560				
Gifts, nilar A		d Related organizat	tions	5 <u> </u>	1 d	0				
niia Sila		e Government grants	(con	tributions)	1e	14,207,407				
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributio and similar amounts above		L	1f	77,759,084				
ntrib d Oth		g Noncash contributio lines 1a - 1f:\$	ns in	icluded in	1 g	14,653,833				
Contained		h Total. Add lines :	1a-1	f		•	92,090,051			
						Business Code	1 124 062 571	4.424.062.574		
•	28	a Tuition and Fees				900099	1,124,963,571	1,124,963,571		
Program Service Revenue	ł	Grants and Contracts				900099	193,271,056	193,271,056		
rice Pa	,	Auxiliary Enterprises				611710	86,505,842	86,505,842		
n Seri	(Medical Education Ag	reem	nents		900099	69,030,703	69,030,703		
rograr	•	Other Program servic	e rev	/enue		611710	23,482,982	23,482,982		
4	f	f All other program	serv	rice revenue.			0	О	0	0
	g	J Total. Add lines 2	2a-2	.f	•	1,497,254,154				
	3	Investment income	(inc	luding divide	nds, i	nterest, and other	15,621,722			15,621,722
		Income from investment of tax-exemp				ond proceeds				, , , , , , , , , , , , , , , , , , ,
							3,356,306	5		3,356,306
				(i) Real		(ii) Personal				
	6a Gross rents 6a 32,404,030 b Less: rental									
		expenses	6b	11,2	14,114	1				
	С	Rental income or (loss)	6с	21,18	89,916	5				
	١,	d Net rental income	or	(loss)			21,189,916			21,189,916
				(i) Securit	ies	(ii) Other				
	7a	7a Gross amount from sales of assets other than inventory			94,994		D			
	b	Less: cost or other basis and sales expenses	7b	313,3	31,555	5	0			
	С	Gain or (loss)	7 c	28,76	63,439	•	1			
	l	d Net gain or (loss)				· · · •	28,763,439	1		28,763,439
Other Revenue	04	a Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on	123,560 of line 1c).						
Rev					8a 8b	31,008 64,948				
er		b Less: direct expen c Net income or (los								-33,940
						<u> </u>				
	9a	Gross income from See Part IV, line 19			9a	0				
		b Less: direct expen	ses		9b	0	4			
	ı	c Net income or (los			ctiviti	ies >		1		0
		n Cuana and an af inve		m. laaa						
	10	aGross sales of inve returns and allowa			10a	151,758				
		b Less: cost of good	s so	ld	10b	100,993				
	Ļ	c Net income or (los	s) fr	rom sales of i	nvent	ory ►	50,765	50,765	0	
	_	Miscellaneo				Business Code	500 420		500 430	
	11	1a Unrelated Partner	ship	Income		525990	599,420		599,420	
		b Independent Oper	atio	ns		721110	8,719,958		8,719,958	
	,	с								
		d All other revenue				k	C	C	0	0
		e Total. Add lines 1				•	9,319,378			
	12	2 Total revenue. S	ee ir	nstructions .	•	• • • •	1,667,611,791	1,497,304,919	9,319,378	
										Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co				mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	59,527,152	59,527,152		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	352,627,377	352,627,377		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	17,182,345	17,182,345		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,368,143	2,047,821	4,411,563	908,759
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,455,859	1,076,799	379,060	
7 Other salaries and wages	601,349,423	540,947,866	48,136,045	12,265,512
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	40,865,403	36,639,259	3,280,200	945,944
9 Other employee benefits	49,680,649	44,542,866	3,987,786	1,149,997
10 Payroll taxes	42,613,834	38,206,874	3,420,544	986,416
11 Fees for services (non-employees):				
a Management				
b Legal	9,163,630	5,672,572	3,491,058	
c Accounting	1,006,020	213,191	792,829	
d Lobbying	8,944	8,944		
e Professional fundraising services. See Part IV, line 17	666,356			666,356
f Investment management fees	5,319,110		5,319,110	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	165,821,706	150,357,627	14,342,497	1,121,582
12 Advertising and promotion	5,919,065	5,776,620	84,115	58,330
13 Office expenses	25,638,598	22,587,341	2,430,712	620,545
14 Information technology	26,519,586	22,125,470	4,345,902	48,214
15 Royalties	1,012,966	1,012,966		
16 Occupancy	61,945,310	56,555,521	5,154,335	235,454
17 Travel	16,057,994	15,624,464	-68,824	502,354
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	13,241,662	10,109,517	2,416,477	715,668
20 Interest	68,790,158	62,611,995	6,178,163	
21 Payments to affiliates				_
22 Depreciation, depletion, and amortization	86,622,774	80,860,315	5,762,459	
23 Insurance	3,372,458	3,306,463	65,995	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS/PERIODICALS	10,167,015	10,121,953	39,054	6,008
I MEMBERGUERG	2.021.500	2.642.505	207.012	21.110
b MEMBERSHIPS	2,931,508	2,612,585	297,813	21,110
c UBI Tax	2,786,100		2,786,100	
d INTERCOMPANY ASSESSMENTS	0	1,692,813	-1,742,669	49,856
e All other expenses	18,888,385	6,311,658	12,518,993	57,734
25 Total functional expenses. Add lines 1 through 24e	1,698,549,530	1,550,360,374	127,829,317	20,359,839
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

Form 990 (2019)

2

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24

Fund Balances

ō 29

Assets 30

27

28

31

32

33

1,063,907

694,054,944

57,919,460

60.301.866

1.750.946

116.793

26,298,190

2,799,619,347

258,338,081

930.247.845

20,894,417

7,150,935

62,381,997

4,920,138,728

265,127,531

124.600.743

2,169,089,300

2.590.896.857

1,643,344,047

685,897,824

2,329,241,871

4,920,138,728

Form 990 (2019)

32,079,283

(B) End of year

Beginning of year

953,375

426,054,487

71,732,750

40.021.159

1.940.552

18,370,381

2,755,744,514

254,290,435

957.419.386

26,277,506

7,945,484

2,233,528

4,563,094,483

210,936,259

112.807.200

1,856,308,328

2.216.217.390

1,659,387,509

687,489,584

2,346,877,093

4,563,094,483

36,165,603

110.926

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2

3

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10c

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0 6 Page **11**

Cash-non-interest-bearing Savings and temporary cash investments . . . Pledges and grants receivable, net . . .

Accounts receivable, net

Check if Schedule O contains a response or note to any line in this Part IX

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net Inventories for sale or use . .

3,850,227,565

Prepaid expenses and deferred charges . 10a basis. Complete Part VI of Schedule D 10b 1,050,608,218

Assets 10a Land, buildings, and equipment: cost or other Less: accumulated depreciation

Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 . . .

Investments-program-related. See Part IV, line 11 . Intangible assets . Other assets. See Part IV, line 11 . . . **Total assets.** Add lines 1 through 15 (must equal line 34) .

11 12 13 14 15 16 17 Accounts payable and accrued expenses .

18 Grants payable . 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . . 21 Liabilities 22

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties . . .

23

25 Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . .

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Organizations that follow FASB ASC 958, check here <a> \square and complete lines 27, 28, 32, and 33.

and other liabilities not included on lines 17 - 24).

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Other liabilities (including federal income tax, payables to related third parties,

Unsecured notes and loans payable to unrelated third parties .

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Yes

Yes

Yes (2019)

2c

3a

3b

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

Additional Data

Software ID: 19010655 Software Version: 2019v5.0

EIN: 53-0196584

Name: The George Washington University

Form 990 (2019)

STUDY THE WORLD BUT ALSO WORK TO CHANGE IT.

Form 990, Part III, Line 4a:

EDUCATION: OUR NAMESAKE ENVISIONED A UNIVERSITY IN THE NATION'S CAPITAL THAT WOULD PREPARE CITIZEN LEADERS BROUGHT TOGETHER FROM ALL OVER THE WORLD. TODAY, WE ARE THAT UNIVERSITY WITH STUDENTS AND FACULTY MEMBERS FROM EVERY STATE AND MORE THAN 130 COUNTRIES. TAKING FULL ADVANTAGE

OF OUR SETTING IN A GLOBAL NERVE CENTER, A GW EDUCATION INTEGRATES INTELLECTUAL DISCOVERY, INTERACTIVE LEARNING, AND UNPARALLELED ACCESS TO OPPORTUNITIES IN EVERY SECTOR OF SOCIETY. IN A CITY SHAPING THE FUTURE, GEORGE WASHINGTON IS A UNIVERSITY WHERE FACULTY AND STUDENTS NOT ONLY

RESEARCH AND RESEARCH SUPPORT: GW'S RESEARCH IS DISTINGUISHED BY OUR COMMITMENT TO TRANSFORM POLICY THAT AFFECTS PEOPLE IN THEIR DAILY LIVES. THIS UNIQUE APPROACH TO RESEARCH GIVES SPECIAL CHARACTER TO OUR TEACHING AND ENABLES US TO OFFER OUR STUDENTS LEARNING EXPERIENCES THAT FEW CAN MATCH, WITH OUR LOCATION. CONNECTIONS AND CLOSE PROXIMITY TO INSTITUTIONS SUCH AS THE NATIONAL INSTITUTES OF HEALTH. NATIONAL SCIENCE

FOUNDATION, THE SMITHSONIAN INSTITUTION, AND LIBRARY OF CONGRESS, GW'S RESEARCH HELPS SOLVE NATIONAL AND GLOBAL PROBLEMS WHILE GIVING OUR STUDENTS LEARNING OPPORTUNITIES INSIDE AND OUTSIDE THE CLASSROOM. IN THE 21ST CENTURY, GW'S FACULTY AND STUDENTS CONTINUE TO OPEN NEW DOORS

Form 990, Part III, Line 4b:

OF DISCOVERY.

AUXILIARY ENTERPRISES - STUDENTS AND COMMUNITY: GW PROVIDES A NUMBER OF SERVICES THAT SUPPORT LEARNING, BUILD COMMUNITY, AND ENHANCE THE OVERALL QUALITY OF STUDENT LIFE. AUXILIARY ENTERPRISES INCLUDE FACILITIES AND RESIDENTIAL PROPERTY MANAGEMENT, DINING, BOOKSTORE, PARKING, STUDENT HEALTH. MAIL. AND LAUNDRY SERVICES. GW'S MARVIN CENTER HOUSES STUDENT ORGANIZATION OFFICES AND MEETING ROOMS AND IS UTILIZED BY

Form 990, Part III, Line 4c:

DIVISION WEBSITE AT: https://finance.gwu.edu/reports

STUDENTS, FACULTY, STAFF, AND VISITORS, FOR MORE INFO ABOUT GW'S PROGRAMS & ACCOMPLISHMENTS, SEE THE 2019 - 2020 FINANCIAL REPORT ON THE FINANCE

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

organization and related organizations

128,734

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	ally flours	director, trastee)						Organization (W	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
Thomas J LeBlanc	50.0								
		X		Х				1,233,444	O
President - Trustee Ex-Officio	0.0								
A Michael Hoffman	2.0								
		X						0	0
Trustee	0.0								
Ali Kolaghassi	2.0								
		X						0	O
Trustee	0.0								
Amr ElSawy	3.0								
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and Independent Contractors

Trustee/Comm Chair

Secretary of the Board/ Comm Chair

Vice Chair of the Board/Comm Chair

Avram Tucker

Charles Bendit

Chelsea Lenhart

Christine Piorkowski Barth

Trustee/Comm Chair

Donna Hill Staton

Trustee

Trustee

Trustee

Ellen Zane

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation compensation from the

organization and related organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours		oth a direct		ruste	,	ı	organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)
Gabbi Baker	2.0	X						0	0
Trustee through 5/31/2020	0.0								
George W Wellde Jr	2.0	l							
Trustee	0.0	X						0	0

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and Independent Contractors

Grace E Speights

Judith Lane Rogers

Madeleine S Jacobs

Trustee/Comm Chair

Trustee/Comm Chair

Trustee/Comm Chair

Mark H Chichester

Mollie Bowman

Peter Harrison

Roslyn M Brock

Trustee

Trustee

Trustee

Todd Klein

Trustee

Board Chair/Comm Chair

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) organization (Wany hours organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

VP for Health Affairs and Dean of SMHS

Dean, Milken Institute School of Public Health

VP for Development and Alumni Relations

Lynn Goldman

Paul J Wahlbeck

Blake D Morant

Professor of Law

Donna Arbide

Dean, CCAS

	1 2			,		2(1000 11700)	(1)			
	for related organizations below dotted line)	organizations 이 기계 등 기계		Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Aristide J Collins Jr	50.0									
Vice President and Chief of Staff/Secretary of				Х				422,427	0	36,836
University	0.0									
Beth Nolan	50.0									
				Х				668,282	0	45,832
Sr VP and General Counsel	0.0									
Forrest Maltzman	50.0									
Drawark and EVD for Application Affairs blancish				Х				623,220	0	36,304
Provost and EVP for Academic Affairs through 10/31/2019	0.3							·		,
Malworsth Brian Blake	50.0									
Durant and EVD for Anadousis Affairs and				Х				175,246	0	5,515

10/31/2019	0.3						
Malworsth Brian Blake	50.0						
Provost and EVP for Academic Affairs as of 11/1/2019	1.0		Х		175,246	0	5
Mark Diaz	50.0						
Executive VP and CFO	0.5		Х		893,477	0	51

Provost and EVP for Academic Affairs as of 11/1/2019	1.0		Х		175,246	0	
Mark Diaz	50.0						
			Х		893,477	0	
Executive VP and CFO	0.5						

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0.0 50.0

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Provost and EVP for Academic Affairs as of			Х		175,246	0	5,515
11/1/2019	1.0						
Mark Diaz	50.0						
			Х		893,477	0	51,356
Executive VP and CFO	0.5						
Jeffrey S Akman	50.0						

Provost and EVP for Academic Affairs as of 11/1/2019	1.0		Х		175,246	0	5,515
Mark Diaz	50.0						
			Х		893,477	0	51,356
Executive VP and CFO	0.5						

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955,655

546,433

288,976

672,915

632,062

0

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37,100

31,019

52,433

45,424

43,908

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation compensation amount of other hours per week (list is both an officer and a from the from related compensation from the ition and

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Former VP for Research

Chief Information Officer

Former EVP & Treasurer

Former President and Trustee

Loretta Early

Louis H Katz

Steven Knapp

	any nours	· ·	irect	or/tr	ruste	ee)		organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Robert Harvey Miller	50.0					,		F74 FFF	0	44.22	
Vice President for Research	0.0					X		574,555	U	44,22	
Shahram Sarkani	50.0										

				_			
Robert Harvey Miller	50.0			>	534 555		44.225
Vice President for Research	0.0			Х	574,555	U	44,225
Shahram Sarkani	50.0			>		_	
Director and Professor of EMSE	0.0			Х	1,120,483	0	51,356
Thomas A Mazzuchi	50.0						
Chair, Dept. of Engineering	0.0			Х	710,621	0	45,290
Leo M Chalupa	40.0						

330,644

327,995

1,814,661

419,303

45,408

45,641

45,337

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SCI	HED	ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047			
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019			
•		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	nie Service ne organiza Vashington Uni					Employer identific	ation number			
THE G	eorge v	vasiiiiigtoii Oili	versity				53-0196584				
	rt I		for Public Charity State				See instructions.				
1 1	rganiz		a private foundation because onvention of churches, or as	•			(A)(:)				
		,	,				. , . ,				
2	✓		scribed in section 170(b)(,						
3		·	•	_	ion described in section 170(b)(1)(A)(iii).						
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's			
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170			
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).				
7			ation that normally receives (' 0(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the genera	al public described in			
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:									
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after J 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	See section 509	(a)(4).				
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a				
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar							
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio	•	•	, -	ted with, its			
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
е			box if the organization receiver Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally			
f	Enter	the number	of supported organizations				<u> </u>				
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	т'		Γ	(vi) Amount of			
	(i) N	lame of supports organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	on in your governing document? monétary support other sup lines (see instructions) instru						
					Yes	No					
Tota		l. B. '	tion Act Notice, see the Ir		Cat. No. 11285		 	 90 or 990-EZ) 2019			

Page 2

If the organization failed to qualify under the tests listed below, please complete Part III.)

_	ection A. Public Support	i to qualify unde	er the tests listed	i below, please	complete Part II	1.)			
-	Calendar year	, , ,		, , <u>, , , , , , , , , , , , , , , , , </u>	/ D. 5-1		70 = 11		
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	70,466,662	68,820,599	51,513,435	61,861,902	92,090,051	344,752,649		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0		
3							0		
4	Total. Add lines 1 through 3	70,466,662	68,820,599	51,513,435	61,861,902	92,090,051	344,752,649		
5	The portion of total contributions by						, ·		
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						20,855,166		
6	Public support. Subtract line 5						323,897,483		
	from line 4.						323,037,403		
	ection B. Total Support						_		
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	70,466,662	68,820,599	51,513,435	61,861,902	92,090,051	344,752,649		
8	Gross income from interest,	. ,		<i>'</i>					
	dividends, payments received on securities loans, rents, royalties and income from similar sources	56,484,929	60,433,663	62,990,553	54,767,579	51,382,058	286,058,782		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	C	0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	267,329	329,559	392,745	257,888	182,766	1,430,287		
11	Total support. Add lines 7 through 10						632,241,718		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	7,185,528,827		
13	First five years. If the Form 990 is for	or the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) or	ganization,		
	check this box and stop here						_		
S	ection C. Computation of Publi						_		
14	Public support percentage for 2019 (li			column (f))		14	51.23 %		
15	Public support percentage for 2018 Sc					15	60.82 %		
	33 1/3% support test—2019. If the								
	and stop here. The organization qualifies as a publicly supported organization								
17 a	box and stop here. The organization qualifies as a publicly supported organization								
b	organization								

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2019

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	nich the organization is respor	nsive (provide	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(iii) Distributable		

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$. See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to		

e From 2018.

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2015		
b	Excess from 2016		
	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A	(Form 990 or 990-EZ)	2019 Page \$
Part VI	Section A, lines 1, 2 Part IV, Section D, l	prmation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, , 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; ines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V , and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See
		Facts And Circumstances Test
990 Sche	dule A, Suppleme	ntal Information
Re	turn Reference	Explanation
Schedule A	A, Part II, Line 10	OTHER INCOME INCLUDES GROSS INCOME FROM FUNDRAISING, GAMING EVENTS, AND SALES OF INVENTORY.

990 Schedule A, Supplemental Information					
Return Reference	Explanation				
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - , COLUMN A - 267329.0, COLUMN B - 329559.0, COLUMN C - 392745.0, COLUMN D - 257888.0, COLUMN E - 182766.0, COLUMN F - 1430287.0;				

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Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

☐ Yes

☐ Yes

☐ No

☐ No

DLN: 93493133042691

Inspection

Department of the Treasury Internal Revenue Service

EZ)

2

3

1 2

3

4a

1 2

3

Part I-C

If "Yes," describe in Part IV.

SCHEDULE C (Form 990 or 990-

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** The George Washington University 53-0196584 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions)

Volunteer hours for political campaign activities (see instructions)

Enter the amount of any excise tax incurred by the organization under section 4955

Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made?

Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.........

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Complete if the organization is exempt under section 501(c)(3).

4	Did the filing organization file For	m 1120-POL for this year?	•••••		🗌 Yes 🔲 No				
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere see (PAC). If additional space is needed,	unt paid from the ed to a separate po	filing organization's funds. olitical organization, such a	Also enter the amount				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				
1									
2									
3									
1									
5									
5						•			
or P	r Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2019								

Schedule C (Form 990 or 990-EZ) 2019

Grassroots lobbying expenditures

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b))
ctivi		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	TO 1 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5), o	r secti	on	
	,)(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		 	Yes 1 2 3	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	 		Yes 1 2 3 on 501(
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?)(5), o		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year)(5), o III-A		Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(
ar ab	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A 1 2a 2b 2c 3		Yes 1 2 3 on 501(
ar 2 3 ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(

Explanation

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As Filed Data -

DLN: 93493133042691

OMB No. 1545-0047

2019

SCHEDULE D

(Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

The	George Washington University				F2 01	96584		
Pa	art I Organizations Maintaining Donor Advis	sed Funds or Otl	ner	Similar Fund				
	Complete if the organization answered "Ye				5 01 Acce	· · · · · · · · · · · · · · · · · · ·		
		(a) Donor	advi	sed funds	(b) Funds	and other	accounts
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc					ınds are tl		Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	for	any other purpo	se conferrir			Yes 🗌 No
Pa	rt II Conservation Easements.							res 🗆 No
	Complete if the organization answered "Ye	s" on Form 990, F	art	IV, line 7.				
1	Purpose(s) of conservation easements held by the organ	nization (check all th	at ap	oply).				
	\square Preservation of land for public use (e.g., recreation	or education)		Preservation of	f an historic	ally impor	rtant land a	area
	Protection of natural habitat			Preservation of	f a certified	historic s	tructure	
	☐ Preservation of open space							
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservatio	n co	ntribution in the	form of a			of the Year
а	Total number of conservation easements				2a	пена ас	the Ena C	i the Year
b	Total acreage restricted by conservation easements				-			
c	Number of conservation easements on a certified historic				2c			
d	Number of conservation easements included in (c) acqui structure listed in the National Register		•	•	2d			
3	Number of conservation easements modified, transferred tax year ▶	d, released, extingu	shed	l, or terminated	by the orga	anization o	during the	
4	Number of states where property subject to conservatio	n easement is locate	:d ▶_					
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	e periodic monitorin ?	g, in 	spection, handli · ·	ng of violat		☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vio	latio	ns, and enforcin	g conserval	ion easen	ments durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violatior	s, ar	nd enforcing con	servation e	asements	during the	e year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	•	•				☐ Yes	□ No
9	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the orga				ement, ar	nd	
Par	TIII Organizations Maintaining Collections Complete if the organization answered "Yes				Other Sim	ilar Ass	sets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibítion, ed	ucat	ion, or research	in furthera			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:	ic exhibition, educat	ion,	or research in fu	urtherance (of public s	service, pro	
((i) Revenue included on Form 990, Part VIII, line 1					▶ \$		123,205
(1	ii)Assets included in Form 990, Part X					▶ \$		15,111,580
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	cal treasures, or oth	er sir	milar assets for t				
а	Revenue included on Form 990, Part VIII, line 1					> \$		
b	Assets included in Form 990, Part X					▶ \$		
For	Paperwork Reduction Act Notice, see the Instruction						dule D (Fo	orm 990) 201

1a Land

b Buildings . . .

 ${f c}$ Leasehold improvements

d Equipment . . .

 ${f e}$ Other .

Sche	edule D (Form 990) 2019						Page 2
Pai	t IIII Organizations Ma	aintaining Collections	of Art, Histor	ical Treas	ures, or Othe	r Similar Asset	s (continued)
3	Using the organization's acquitems (check all that apply):	•	r records, check	any of the f	ollowing that are	a significant use o	of its collection
а	✓ Public exhibition		d	✓ Loar	n or exchange pr	ograms	
b	Scholarly research		е	☐ Oth	er		
С	✓ Preservation for future	generations					
4	Provide a description of the open Part XIII.	organization's collections and	d explain how th	ey further th	ne organization's	exempt purpose ir	٦
5	During the year, did the organise assets to be sold to raise fur						Yes 🗹 No
Pa		odial Arrangements.			_		
	Complete if the org X, line 21.	ganization answered "Yes	s" on Form 990	0, Part IV, I	line 9, or repor	ted an amount o	on Form 990, Part
1a	Is the organization an agent included on Form 990, Part)						Yes 🗌 No
b	If "Yes," explain the arrange	ment in Part XIII and compl	lete the following	r table:		Amou	 unt
c	Beginning balance	•	•	-	1c		
d	Additions during the year .						
e	Distributions during the year						
f	Ending balance				1f		
2a	Did the organization include	an amount on Form 990. Pa	art X. line 21. for	escrow or c	ustodial account	liability?	Yes 🗆 No
b	_					· _	
	art V Endowment Fund		e ii dile explaita		ii provided iii rai		
		ganization answered "Yes	s" on Form 990	0, Part IV, I			
		(a) Curre		Prior year	(c) Two years bac	_	
	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·		,798,809,978	1,729,147,3		
	Contributions	<u> </u>	1,085,725 9,225,004	56,629,481 16,916,449	29,112,1 128,803,3	, ,	
	Net investment earnings, gain	3, 4114 103363	, ,				
	Grants or scholarships	· -	3,011,274	12,692,870	11,945,4	02 11,218,	990 10,527,263
е	Other expenditures for facilities and programs	?S 77	7,883,601	76,110,559	70,782,0	46 67,976,	901 74,359,971
f	Administrative expenses .		5,319,110	4,993,054	5,525,3	99 4,390,	5,697,031
g	End of year balance	1,802	2,656,169 1	.,778,559,425	1,798,809,9	78 1,729,147,	338 1,570,277,841
2	Provide the estimated percer	ntage of the current year en	d balance (line 1	Lg, column (a	a)) held as:		
а	Board designated or quasi-e	ndowment ► 68.92 %					
b	Permanent endowment	31.08 %					
С	Temporarily restricted endov	vment ▶ 0 %					
	The percentages on lines 2a,	2b, and 2c should equal 10	0%.				
3а	Are there endowment funds organization by:	not in the possession of the	organization tha	at are held a	nd administered	for the	Yes No
	(i) unrelated organizations						3a(i) No
	(ii) related organizations .						3a(ii) No
b	` ''	-	•				3b
4	Describe in Part XIII the inte		on s endowment	runas.			
æ	Land, Buildings, Complete if the ord	and Equipment. ganization answered "Yes	s" on Form 990	0, Part IV. I	line 11a. See F	orm 990. Part X	., line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other				(d) Book value
		(mvcsament)	1				

182,882,397

12,681,124

250,736,126

2,311,180,044

845,600

0

0

1,091,902,274

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

2,799,619,347 Schedule D (Form 990) 2019

862,714,449

179,121,039

8,772,730

183,727,997

3,908,394

71,615,087

2,540,367,869

	Investments—Other Securities. Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value	
	I derivatives				
(3) Other	held equity interests				
(A) DEFERRE	ED COMPENSATION LIFE INSURANCE	2,487,517		F	
(B) INVESTM	1ENT FUND FOR 457 LIABILITIES	56,926,303		F	
(C) BENEFIC	IAL INTEREST PERPETUAL TRUSTS	37,603,586		F	
D) RECEIVA	BLES FROM CRUTS HELD BY 3RD PARTY	4,542,619		F	
(E) LIFE INCOME FUNDS 14,213,2				F	
(F) LIMITED PARTNERSHIPS 61,557,867				F	
G) OTHER S	SECURITIES	748,469,774	F		
H) OTHER S	STOCKS	4,446,943		F	
Fotal. (Columr	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 930,247,845			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' o (a) Description of investment	n Form 990, Part IV, line 1	1c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value	
(1)				value	
(2)					
(3)			+		
(4)					
(5)					
(6)					
.0)					
71					
(8)					
(8) (9) Fotal. (Column	n (b) must equal Form 990, Part X, col.(B) line 13.)		b		
(8) (9) Total. (Column Part IX	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered 'Yes' or (a) Descrip		▶ Ld. See Form 990, Pal	t X, line 15. (b) Book value	
(8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' or		▶ 1d. See Form 990, Pal		
9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' or		▶ Ld. See Form 990, Pa		
9) Fotal. (Column Part IX (1)	Other Assets. Complete if the organization answered 'Yes' or		Id. See Form 990, Pa		
(8) (9) Fotal. (Column Part IX (1) (2)	Other Assets. Complete if the organization answered 'Yes' or		▶ ld. See Form 990, Pa		
9) Fotal. (Column Part IX 1) (2) (3)	Other Assets. Complete if the organization answered 'Yes' or		▶ ld. See Form 990, Pai		
8) 9) Total. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered 'Yes' or		▶ Ld. See Form 990, Par		
9) Fotal. (Column Part IX 1) 2) 3) (4) (5)	Other Assets. Complete if the organization answered 'Yes' or		▶ Id. See Form 990, Pa		
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes' or		Id. See Form 990, Pa		
9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes' or		Id. See Form 990, Pal		
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered 'Yes' or (a) Descrip		Id. See Form 990, Pa		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Yes' or (a) Descrip (a) Descrip mn (b) must equal Form 990, Part X, col.(B) line 15.)	tion	Id. See Form 990, Par	(b) Book value	
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' or (a) Descrip	tion		(b) Book value	
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1. 1) Federal i	Other Assets. Complete if the organization answered 'Yes' or (a) Description (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' or (a) Description of income taxes	n Form 990, Part IV, line 1:		(b) Book value	
(1) Federal i 2) REFUNDA	Other Assets. Complete if the organization answered 'Yes' or (a) Descrip (a) Descrip mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' or (a) Description of	n Form 990, Part IV, line 1:		(b) Book value	
9) Fotal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X L. (1) Federal i (2) REFUNDA (3) INSURAN	Other Assets. Complete if the organization answered 'Yes' on (a) Descrip mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes ABLE ADVANCES	n Form 990, Part IV, line 1:		(b) Book value 990, Part X, line 25. (b) Book value 25,030,284 25,030,284	
(1) Federal i 2) REFUNDA (1) INSURAN (1)	Other Assets. Complete if the organization answered 'Yes' on (a) Descrip mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes ABLE ADVANCES	n Form 990, Part IV, line 1:		(b) Book value 990, Part X, line 25. (b) Book value 25,030,284 25,030,284	
9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X L. (1) Federal in (2) REFUNDA (3) INSURAN (4) (5)	Other Assets. Complete if the organization answered 'Yes' on (a) Descrip mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes ABLE ADVANCES	n Form 990, Part IV, line 1:		(b) Book value 990, Part X, line 25. (b) Book value 25,030,284 25,030,284	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X) (1) Federal in (2) REFUNDA (3) INSURAN (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes' on (a) Descrip mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes ABLE ADVANCES	n Form 990, Part IV, line 1:		(b) Book value 990, Part X, line 25. (b) Book value 25,030,284 25,030,284	
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal i (2) REFUNDA (3) INSURAN (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes' on (a) Descrip mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes ABLE ADVANCES	n Form 990, Part IV, line 1:		(b) Book value 990, Part X, line 25. (b) Book value 25,030,284 25,030,284	
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal i (2) REFUNDA (3) INSURAN (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes' on (a) Descrip mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes ABLE ADVANCES	n Form 990, Part IV, line 1:		(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) REFUNDA	Other Assets. Complete if the organization answered 'Yes' on (a) Descrip mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes ABLE ADVANCES	n Form 990, Part IV, line 1:		(b) Book value	

Schedule D (Form 990) 2019

Page 4

	Complete if the organi	ization answered "Yes" on Form 990, Part	. IV, I	ine 12a.		_
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem ization answered 'Yes' on Form 990, Part			Return	1.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
е	Add lines 2a through 2d		•		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
С	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18.) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b. Also complete this part to provide	4; Par any a	t IV, lines 1b and 2b; Par additional information.	t V, line	4; Part X, line 2; Part
	Return Reference Explanation					
See Additional Data Table						
		 				

chedule D (Form 990) 2019	Page 5					
Part XIII Supplemental Info	rmation (continued)					
Return Reference	Explanation					

Schedule D (Form 990) 2019

Additional Data

LIMITED PARTNERSHIPS

OTHER SECURITIES

OTHER STOCKS

Software ID: 19010655

Software Version: 2019v5.0

EIN: 53-0196584

Name: The George Washington University

Ints Other Securities

Form 990, Schedule D, Part VII - Investments Other S (a) Description of security or category (including name of security)	Gecurities (b)Book value	(c) Method of valuation: Cost or end-of-year market value
DEFERRED COMPENSATION LIFE INSURANCE	2,487,517	F
INVESTMENT FUND FOR 457 LIABILITIES	56,926,303	F
BENEFICIAL INTEREST PERPETUAL TRUSTS	37,603,586	F
RECEIVABLES FROM CRUTS HELD BY 3RD PARTY	4,542,619	F
LIFE INCOME FUNDS	14,213,236	F
	1	

61,557,867

748,469,774

4,446,943

Schedule D, Part III, Line 4	THE UNIVERSITY HOLDS A COLLECTION OF HISTORICAL DOCUMENTS IN THE AMOUNT OF \$15,111,580 THE
Collections of art - description of	GW LIBRARIES' SPECIAL COLLECTIONS RESEARCH CENTER INCLUDE STRONG REPRESENTATION OF AMERIC
collections	AN LABOR HISTORY, SOCIAL JUSTICE, HISTORY OF EDUCATION, AND 20TH CENTURY WASHINGTON, D.C.
	HISTORY. COLLECTIONS INCLUDE RARE BOOKS, ARCHIVES AND MANUSCRIPTS, MAPS, AND AUDIOVISUAL M
	ATERIALS. NOTABLE COLLECTIONS INCLUDE THE ARCHIVES OF THE INTERNATIONAL BROTHERHOOD OF TEA
	lacksquare MSTERS, THE NATIONAL EDUCATION ASSOCIATION, THE CORCORAN GALLERY OF ART AND THE CORCORAN C $lacksquare$
	OLLEGE OF ART + DESIGN; THE I. EDWARD KIEV COLLECTION OF JUDAICA AND HEBRAICA; AND GW'S UN
	IVERSITY ARCHIVES. IN ADDITION, THE UNIVERSITY HOLDS SEVERAL PERMANENT COLLECTIONS OF ARCH
	I IVES, HISTORICAL DOCUMENTS, AND ARTWORK. THE GEORGE WASHINGTON UNIVERSITY MUSEUM (THE
	I "MUŚ
	EUM") HOUSES THE TEXTILE MUSEUM COLLECTION, WHICH INCLUDES TEXTILES, CERAMICS, HISTORIC FU
	RNISHINGS AND PHOTOGRAPHS THAT ARE ON PERMANENT LOAN TO GW. THE MUSEUM ALSO HOUSES THE
	ALB

Explanation

Supplemental Information

Return Reference

ERT SMALL COLLECTION, WHICH IS OWNED BY THE UNIVERSITY AND FEATURES MAPS, PHOTOGRAPHS AND ARTIFACTS RELATED TO THE HISTORY OF WASHINGTON, D.C. THROUGH EXHIBITIONS, PROGRAMS AND ACA DEMIC COURSES, THE MUSEUM COLLECTIONS ENRICH UNIVERSITY RESEARCH, EDUCATION, AND CULTURAL UNDERSTANDING. A SEPARATE COLLECTION IS MANAGED BY THE UNIVERSITY'S LUTHER W. BRADY ART GA LLERY, AN EDUCATIONAL GALLERY LOCATED ON CAMPUS, WHICH INCLUDES PAINTINGS, SCULPTURES, GRA PHICS AND PHOTOGRAPHS. THE UNIVERSITY ALSO MAINTAINS THE DIMOCK GALLERY, WHICH SUPPORTS IT S FINE ARTS AND HISTORY STUDENTS AND PROVIDES A "HANDS-ON" EXPERIENCE FOR CURATING AND PRE

SENTING STUDENTS' CREATIVE ENDEAVORS.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE UNIVERSITY'S ENDOWMENT PROVIDES STABLE FINANCIAL SUPPORT TO A WIDE VARIETY OF PROGRAMS AND ACTIVITIES ON AN ONGOING BASIS, PLAYING A CRITICAL ROLE IN ENABLING THE UNIVERSITY TO ACHIEVE ITS MISSION. PROGRAMS SUPPORTED BY THE ENDOWMENT INCLUDE SCHOLARSHIPS AND FELLOWS HIPS, LECTURESHIPS AND PROFESSORSHIPS, RESEARCH ACTIVITIES, LIBRARIES, MUSEUMS, AND ATHLET ICS.

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Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The University is an exempt organization under Section $501(c)(3)$ of the Internal Revenue C ode and, therefore, is not required to pay federal income tax on income related to its exe mpt purposes. The University is subject to tax on unrelated business income. The Universit y has concluded that there are no material uncertain tax positions as of June 30, 2020 and 2019.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133042691 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel & the coscanization **Employer identification number** The George Washington University 53-0196584 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo **c** Employment of faculty or administrative staff? 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019) Page 2					
Part II Supplemental Information. Provide the explaany other additional information. See instructions.	anations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide				
Return Reference	Explanation				
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	The policy is published on the university's website and is printed in all major undergraduate and graduate recruitment materials, including undergraduate and graduate bulletins and course catalogs, student handbooks, financial aid sourcebooks, guide to student rights and responsibilities, and employment recruitment materials. The university continues in its efforts to ensure all supplementary written communications also include a reference to the policy.				
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	THE UNIVERSITY RECEIVES FINANCIAL ASSISTANCE FROM VARIOUS GOVERNMENTAL AGENCIES, WITHIN THE FEDERAL GOVERNMENT AND WITHIN LOCAL JURISDICTIONS. THE GOVERNMENTAL GRANTS AND CONTRACTS SUPPORT CERTAIN RESEARCH PROJECTS AND STUDENT FINANCIAL AID.				

Schedule F (Form 990 or 990-F7) (2019)

SCHEDULE F	State	ment of	Activities (Outside the Un	ited States	OMB No. 1545-0047
Form 990)	► Comple	ete if the organi		line 14b, 15, or 16.	2019 Open to Public	
Department of the Treasury nternal Revenue Service		do to www.msi.	904/10/11/550 10/1	macraectons and the fatest h	mormacion.	Inspection
lame of the organization he George Washington Uni	ivercity				Employer ide	ntification number
ne deorge washington on	iversity				53-0196584	
General Int Form 990, P			Outside the U	Jnited States. Comple	ete if the organization	answered "Yes" on
1 For grantmakers.	Does the org	ganization mai	intain records to	substantiate the amoun	t of its grants and	
other assistance, th	e grantees' e	eligibility for th	ne grants or assis	stance, and the selectior	rcriteria used	
to award the grants	or assistanc	:e?				☑ Yes 🗌 No
2 For grantmakers. outside the United S		Part V the orga	anization's proce	dures for monitoring the	use of its grants and o	ther assistance
3 Activites per Region.	(The following	g Part I, line 3	table can be dupli	icated if additional space is	s needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region	a (f) Total expenditures for and investments in the region
See Add'l Data				,		
3a Sub-total			295			434,361,000
b Total from continuatio						
Part I c Totals (add lines 3a a	nd 2h)	(0 295			434,361,000
	וטב טווו	-	TI 293	1	I	1 777,501,000

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (q) Amount (h) Description (i) Method of organization section cash grant of noncash of noncash valuation grant cash

	and EIN (if applicable)	g. s	onen granie	disbursement	assistance	assistance	(book, FMV, appraisal, other)
See Add'l Data							

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 17 10

Part III can be du				(-) M	(6) A 6	(-) Description	(I-) Mathadas
Гуре of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sche	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	⊻ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	✓ Yes	□No

Schedule F (Form 990) 2019

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;

Return

amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Evolunation

990 Schedule F, Supplemental Information

Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds GRANTS AND OTHER ASSISTANCE TO GOVERNMENT AND ORGANIZATIONS: GW MAINTAINS A FORMAL SUBRECIPIENT MONITORING POLICY WHICH APPLIES TO ALL SUBAWARDS ISSUED UNDER ALL SPONSORED PROJECTS AWARDED. THE POLICY APPLIES TO SUBRECIPIENTS WHO ARE ASSIGNED RESPONSIBILITY FOR CONDUCTING A PORTION OF GWS SPONSORED PROJECT WORK, GW IS RESPONSIBLE TO THE SPONSOR FOR MANAGEMENT OF FUNDS AND FOR MEETING PERFORMANCE GOALS. GW HAS INTERNAL PROCEDURES FOR ASSESSING THE SUBRECIPIENT ORGANIZATION'S FINANCIAL STATUS AND INTERNAL CONTROLS IN ORDER TO DETERMINE WHETHER TO PROCEED WITH THE SUBRECIPIENT, BASED ON THE ASSESSMENT, TERMS AND CONDITIONS ARE ESTABLISHED IN THE SUBAWARD AGREEMENT TO BE CONSISTENT WITH THE LEVEL OF PERCEIVED RISK AND IDENTIFY SPECIFIC MONITORING ACTIVITIES. GW UNDERTAKES CERTAIN ACTIVITIES TO MONITOR SUBRECIPIENTS TO PROVIDE REASONABLE ASSURANCE THAT THEY ADMINISTER, PERFORM AND A GREEMENTS. RISK ASSESSMENT AND AWARD MONITORING PROCEDURES ARE DEFINED BY ROLLES AND RESPONSIBILITIES AT GW AND INACIAL OFFICES WITHIN GW. GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS: THE FINANCIAL AID OFFICE KEEPS RECORDS ON ITS INTEGRATED SOFTWARE SYSTEM THAT SUBSTANTIATES THE AMOUNT GRANTED TO EACH STUDENT, THE ELIGIBILITY CRITERIA FOR EACH STUDENT, AND THE SELECTION PROCESS USED IN AWARDING ASSISTANCE. THE UNIVERSITY'S GRANTS AND OTHER ASSISTANCE ARE INITIALLY CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT IN ITS INTEGRATED SOFTWARE SYSTEM IN ORDER TO PAY FOR TUITION, FEES, ROOM AND BOARD, AND/OR TEXTBOOK CHARGES. A CHANGE IN ENAULY TO THE STUDENT THE STUDENT THAT FINANCIAL AID STAFF REVIEW FOR POSSIBLE ADJUSTMENTS. THE BALANCE OF AID IN EXCESS OF THE ABOVE CHARGES CAN BE REFUNDED TO THE STUDENT FOR LIVING EXPENSES. THE SYSTEM CHECKS THAT THE STUDENT IS STILL ENROLLED BEFORE ISSUING THE REFUND. AT THE GRADUATE LEVEL, AWARDS ARE INITIALTED, CHECKED TO ENSURE ELIGIBILITY AND APPROVED BEFORE SUBJING THE REFUND. AT THE GRADUATE LEVEL, AWARDS ARE INTERTACE, CHECKED TO ENS	Reference	Explanation
	Part I, Line 2 Procedures for monitoring use of grant	POLICY WHICH APPLIES TO ALL SUBAWARDS ISSUED UNDER ALL SPONSORED PROJECTS AWARDED. THE POLICY APPLIES TO SUBRECIPIENTS WHO ARE ASSIGNED RESPONSIBILITY FOR CONDUCTING A PORTION OF GWS SPONSORED PROJECT WORK. GW IS RESPONSIBLE TO THE SPONSOR FOR MANAGEMENT OF FUNDS AND FOR MEETING PERFORMANCE GOALS. GW HAS INTERNAL PROCEDURES FOR ASSESSING THE SUBRECIPIENT ORGANIZATION'S FINANCIAL STATUS AND INTERNAL CONTROLS IN ORDER TO DETERMINE WHETHER TO PROCEED WITH THE SUBRECIPIENT. BASED ON THE ASSESSMENT, TERMS AND CONDITIONS ARE ESTABLISHED IN THE SUBAWARD AGREEMENT TO BE CONSISTENT WITH THE LEVEL OF PERCEIVED RISK AND IDENTIFY SPECIFIC MONITORING ACTIVITIES. GW UNDERTAKES CERTAIN ACTIVITIES TO MONITOR SUBRECIPIENTS TO PROVIDE REASONABLE ASSURANCE THAT THEY ADMINISTER, PERFORM AND ARE IN COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, TERMS AND CONDITIONS OF THE PRIME AWARD AND GW'S SUBAWARD AGREEMENTS. RISK ASSESSMENT AND AWARD MONITORING PROCEDURES ARE DEFINED BY ROLES AND RESPONSIBILITIES AT GW AND INCLUDE, BUT ARE NOT LIMITED TO, THE PRINCIPAL INVESTIGATOR, DEPARTMENT ADMINISTRATORS, CENTRAL RESEARCH, AND FINANCIAL OFFICES WITHIN GW. GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS: THE FINANCIAL AID OFFICE KEEPS RECORDS ON ITS INTEGRATED SOFTWARE SYSTEM THAT SUBSTANTIATES THE AMOUNT GRANTED TO EACH STUDENT, THE ELIGIBILITY CRITERIA FOR EACH STUDENT, AND THE SELECTION PROCESS USED IN AWARDING ASSISTANCE. THE UNIVERSITY'S GRANTS AND OTHER ASSISTANCE ARE INITIALLY CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT IN ITS INTEGRATED SOFTWARE SYSTEM IN ORDER TO PAY FOR TUITION, FEES, ROOM AND BOARD, AND/OR TEXTBOOK CHARGES. A CHANGE IN ENROLLMENT STATUS RESULTS IN WEEKLY REPORTS THAT FINANCIAL AID STAFF REVIEW FOR POSSIBLE ADJUSTMENTS. THE BALANCE OF AID IN EXCESS OF THE ABOVE CHARGES CAN BE REFUNDED TO THE STUDENT FOR LIVING EXPENSES. THE SYSTEM CHECKS THAT THE STUDENT IS STILL ENROLLED BEFORE ISSUING THE REFUND. AT THE GRADUATE LEVEL, AWARDS ARE INITIATED, CHECKED TO ENSURE ELIGIBILITY AND APPROVED BEFORE AWARDS ARE OFFERED TO A STUDE

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	GRANTS AND OTHER ASSISTANCE TO GOVERNMENT AND ORGANIZATIONS: GW MAINTAINS A FORMAL SUBRECIPIENT MONITORING POLICY WHICH APPLIES TO ALL SUBAWARDS ISSUED UNDER ALL SPONSORED PROJECTS AWARDED. THE POLICY APPLIES TO SUBRECIPIENTS WHO ARE ASSIGNED RESPONSIBILITY FOR CONDUCTING A PORTION OF GW'S SPONSORED PROJECT WORK, GW IS RESPONSIBLE TO THE SPONSOR FOR MANAGEMENT OF FUNDS AND FOR MEETING PERFORMANCE GOALS. GW HAS INTERNAL PROCEDURES FOR ASSESSING THE SUBRECIPIENT ORGANIZATION'S FINANCIAL STATUS AND INTERNAL CONTROLS IN ORDER TO DETERMINE WHETHER TO PROCEED WITH THE SUBRECIPIENT. BASED ON THE ASSESSMENT, TERMS AND CONDITIONS ARE ESTABLISHED IN THE SUBAWARD AGREEMENT TO BE CONSISTENT WITH THE LEVEL OF PERCEIVED RISK AND IDENTIFY SPECIFIC MONITORING ACTIVITIES. GW UNDERTAKES CERTAIN ACTIVITIES TO MONITOR SUBRECIPIENTS TO PROVIDE REASONABLE ASSURANCE THAT THEY ADMINISTER, PERFORM AND ARE IN COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, TERMS AND CONDITIONS OF THE PRIME AWARD AND GW'S SUBAWARD AGREEMENTS. RISK ASSESSMENT AND AWARD MONITORING PROCEDURES ARE DEFINED BY ROLES AND RESPONSIBILITIES AT GW AND INCLUDE, BUT ARE NOT LIMITED TO, THE PRINCIPAL INVESTIGATOR, DEPARTMENT ADMINISTRATORS, CENTRAL RESEARCH, AND FINANCIAL OFFICES WITHIN GW. GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS: THE FINANCIAL AID OFFICE KEEPS RECORDS ON ITS INTEGRATED SOFTWARE SYSTEM THAT SUBSTANTIATES THE AMOUNT GRANTED TO EACH STUDENT, THE ELIGIBILITY CRITERIA FOR EACH STUDENT, AND THE SELECTION PROCESS USED IN AWARDING ASSISTANCE. THE UNIVERSITY'S GRANTS AND OTHER ASSISTANCE ARE INITIALLY CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT IN ITS INTEGRATED SOFTWARE SYSTEM IN ORDER TO PAY FOR TUITION, FEES, ROOM AND BOARD, AND/OR TEXTBOOK CHARGES A CHANGE IN ENROLLMENT STATUS RESULTS IN WEEKLY REPORTS THAT FINANCIAL AID STAFF REVIEW FOR POSSIBLE ADJUSTMENTS. THE BALANCE OF AID IN EXCESS OF THE ABOVE CHARGES CAN BE REFUNDED TO THE STUDENT FOR LIVING EXPENSES. THE SYSTEM CHECKS THAT THE STUDENT IS STILL ENROLLED BEFORE ISSUING THE REFUND. AT THE GRADUATE L

Additional Data

Central America and the

East Asia and the Pacific

Caribbean

Software ID: 19010655 **Software Version:** 2019v5.0 **EIN:** 53-0196584 Name: The George Washington University

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted
. , .	offices in the	employees or	in region (by type) (i.e
	region	agents in	fundraising, program
		region	services, grants to

10 Program Services

20 Program Services

nducted pe) (i.e., rogram

recipients located in the region)

(e) If activity listed in (d) is a program service,

Education and Research

Education and Research

(f) Total expenditures for region

describe specific type of service(s) in region

203,000

5,540,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and Education and Research 28,171,000 117 Program Services Greenland) Middle East and North Africa 30 Program Services Education and Research 2,897,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) 16 | Program Services Education and Research 399,000 North America (Canada & Mexico only) Russia and Neighboring States Education and Research 678,000 49 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 28 Program Services Education and Research 2,754,000 South Asia 10 Program Services Education and Research 2,256,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa 15 | Program Services Education and Research 2.991.000 Central America and the Investments 367,166,000 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 21,275,000 Investments Greenland) Fundraising 9,000 East Asia and the Pacific

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and Fundraising 1.000 Greenland) Middle East and North Africa Fundraising 7,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Fundraising 7,000 Sub-Saharan Africa ,Fundraising 7,000

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East 27,900 EFT Isubaward land North Africa 72.900 EFT

East Asia and

the Pacific

Isubaward

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) 13,100 EFT Russia and Isubaward Neiahborina States

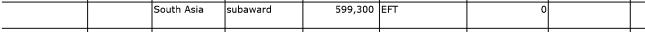
238,600 EFT

South Asia

Isubaward

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Isubaward 34,400 EFT Middle East Isubaward 74.500 EFT and North Africa

(i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if arant cash grant non-cash disbursement assistance appraisal. applicable) assistance other) South Asia subaward 599,300 EFT



East Asia and subaward 115,200 EFT

Form 990 Schedule F Part II - Grants or Entities Outside The United States

the Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East 43,500 EFT Isubaward land North Africa 64.900 EFT East Asia and Isubaward

the Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Isubaward 12,700 EFT Middle East Isubaward 33.600 EFT and North Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East subaward 84,200 EFT and North Africa Middle East 442,900 EFT Isubaward and North Africa

(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 61,300 EFT subaward Europe (Includina Iceland and Greenland)



Iceland and (Greenland

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, organization and EIN(if grant cash grant non-cash disbursement assistance appraisal. applicable) assistance other) South America Isubaward 186,300 EFT

53,400 EFT

Sub-Saharan

Africa

Isubaward

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) subaward 95.700 EFT Europe (Includina Iceland and Greenland) Sub-Saharan 253,600 EFT Isubaward

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of ((a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America 96,100 EFT Isubaward (Canada & Mexico only)

34.500 EFT

South Asia

Isubaward

(i) Method of l(b) IRS codel (h) Description (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of i (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other)

29,900 EFT

	Sub-Saharan	subaward	86,300	EFT	0	
	Africa					

Form 990 Schedule F Part II - Grants or Entities Outside The United States

South America Isubaward

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) subaward 75,100 EFT lEurope (Includina Iceland and Greenland)

31,800 EFT

Form 990 Schedule F Part II - Grants or Entities Outside The United States

subaward

North America

(Canada & Mexico only)



Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation ' (d) Purpose of | (e) Amount of i (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if arant cash grant non-cash disbursement assistance appraisal. applicable) assistance other) North America 5,300 EFT Isubaward

(Canada &

Mexico only)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (g) Description of (h) Method of (c)Number (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STUDY ABROAD 40.000 EFT Central America SCHOLARSHIPS and the Caribbean STUDY ABROAD 142 2.348,000 EFT East Asia and SCHOLARSHIPS the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of (a) Description of (h) Method of (c)Number (f) Amount of assistance cash grant cash disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STUDY ABROAD 625 9,864,700 EFT Europe SCHOLARSHIPS (Including Iceland and |Greenland STUDY ABROAD 41 716,500 EFT Middle East and SCHOLARSHIPS North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
SCHOLARSHIPS	Russia and Neighboring States	7	112,600	EFT	0					
STUDY ABROAD SCHOLARSHIPS	South America	40	643,600	EFT	0					

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STUDY ABROAD 107,000 EFT South Asia SCHOLARSHIPS STUDY ABROAD 30 468.700 EFT Sub-Saharan SCHOLARSHIPS Africa

Department of the Treasury

licensing.

DLN: 93493133042691

OMB No. 1545-0047

SCHEDULE G Supplemental Information Regarding (Form 990 or 990-EZ) Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

2019

Open to Public Inspection

	nal Revenue Service	▶Go to www.	irs.gov/For	m990 for i	nstructions and the latest inf			Inspection
	ne of the organization George Washington University					Em	ployer ide	ntification number
						53-	0196584	
Pa	Fundraising Activ		_		answered "Yes" on Fo part.	orm 990, Part	t IV, line 1	.7.
1	Indicate whether the organiza	ation raised funds th	rough any	of the fo	llowing activities. Check	all that apply.		
а	✓ Mail solicitations			e	✓ Solicitation of non-	government g	rants	
b	✓ Internet and email solicita	ations		f	✓ Solicitation of gove	ernment grants	5	
c	✓ Phone solicitations			g	Special fundraising	events		
d	☑ In-person solicitations							
2 a	Did the organization have a vor key employees listed in Fo	rm 990, Part VII) or	entity in	connectio	n with professional fundr	aising services	? 🗹 Ye	es 🔲 No
b	If "Yes," list the 10 highest parts to be compensated at least \$			graisers)	pursuant to agreements (under Which th	ie fundraise	r IS
(i) I	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount (or retaine fundraiser I col. (ed by) listed in	(vi) Amount paid to (or retained by) organization
		a lii l	Yes	No				
	RUFFALO NOEL LEVITZ 1025 KIRKWOOD Parkway SW	Consulting and Telefundraising		No	489,269		294,272	194,99
	CEDAR RAPIDS, IA 52404							
	THE STELTER COMPANY 10435 NEW YORK AVE	Consulting		No	0		89,613	-89,61
	DES MOINES, IA 50322							
	MARK JONES 148 DAYLESFORD BLVD	Consulting		No	0		72,991	-72,99
	BERWYN, PA 19312							
	MARTS & LUNDY 1200 WALL STREET WEST 5TH FLOOR	Consulting		No	0		209,480	-209,48
	LYNDHURST, NJ 07071							
					489,269		666,356	-177,08
	al	nization is registered	d or licens	ed to coli	·	een notified it		•

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	THE Fundraising Events. Complete than #15,000 of fundraising of		aross income on Form	000 E7 lines 1 and 6	
	than \$15,000 of fundraising e gross receipts greater than \$5		gross income on Form	990-EZ, illies I aliu o	bb. List events with
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		Dinner (event type)	Golf Tournament (event type)	(total number)	col. (c))
<u>e</u>		(3.3 3, p. 2,		(,	
Revenue					
	1 Gross receipts	93,250	61,318	0	154,568
	2 Less: Contributions	75,000	48,560	0	123,560
	3 Gross income (line 1 minus line 2)	18,250	12,758	0	31,008
	4 Cash prizes				
န္မ	5 Noncash prizes	2,616	2,480		5,096
ěuš	6 Rent/facility costs		17,273		17,273
중 1	7 Food and beverages	19,445			19,445
	8 Entertainment	7,735			7,735
วี ช		1			
3 2 2 2	9 Other direct expenses	15,399			15,399
Ulrect Expenses	9 Other direct expenses 10 Direct expense summary. Add lines 4 t	·			·
_	10 Direct expense summary. Add lines 4 t	through 9 in column (d)			64,948 -33,940
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)		> V, line 19, or reported	64,948 -33,940
Par	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 11 Gaming. Complete if the organization.	through 9 in column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo		15,399 64,948 -33,940 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 till Gaming. Complete if the organism on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		64,948 -33,940 more than \$15,000 (d) Total gaming (add
s Keverkie	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 11 Gaming. Complete if the organization.	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		64,948 -33,940 more than \$15,000 (d) Total gaming (add
s Keverkie	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		64,948 -33,940 more than \$15,000 (d) Total gaming (add
s Keverkie	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		64,948 -33,940 more than \$15,000 (d) Total gaming (add
	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		64,948 -33,940 more than \$15,000 (d) Total gaming (add
s Keverkie	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		64,948 -33,940 more than \$15,000 (d) Total gaming (add
s Keverkie	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	chrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	64,948 -33,940 more than \$15,000 (d) Total gaming (add
s Keverne	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) from line 4, column (d) from l	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	64,94: -33,94! more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes	64,94: -33,94 more than \$15,000 (d) Total gaming (add
s Keverne	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d) t line 7 from line 1, column (d) ton conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	64,94: -33,94! more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2019					P	age 3
11	Does the organization conduct gaming	activities with nonmembe	ers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gamin		a member of a partnership or other entity		Yes	_	
13	Indicate the percentage of gaming act	ivity conducted in:					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the pe	rson who prepares the org	anization's gaming/special events books and	records:			
	Name •						
	Address •						
15a	Does the organization have a contract revenue?		hom the organization receives gaming		· 🗌 Yes	□No	
b	If "Yes," enter the amount of gaming i amount of gaming revenue retained by		rganization 🕨 \$ and	the			
С	If "Yes," enter name and address of the	e third party:					
	Name ►						
	Address •						
16	Gaming manager information:						
	Gaming manager compensation ► \$						
	Description of services provided ►						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17 a	,		distributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributions requ	ired under state law distril	buted to other exempt organizations or spent	:			
	in the organization's own exempt activ						
Par			ations required by Part I, line 2b, colum plicable. Also provide any additional info				5.
	Return Reference		Explanation				
Sche	dule G, Part I, Line 2b	EXPENSES REQUIRE EXP	ITS THAT PROVIDE BOTH PAYMENTS FOR SEFENSES TO BE DOCUMENTED WITH RECEIPTS CLUSIVELY FOR EXPENSES.				NTS

Schedule G (Form 990 or 990-EZ) 2019

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

DLN: 93493133042691

Open to Public Inspection

internal Revenue Service							
Name of the organization The George Washington Unive	ersity					Employer identific	ation number
	·					53-0196584	
Part I General Info	rmation on Grants	s and Assistance					
			the grants or assistance,		for the grants or assistance	e, and	☑ Yes ☐ N
_	- '	_	se of grant funds in the U				
Part III Grants and Oth that received mo			and Domestic Governmo Iditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
		•					145
			<u> </u>		-		
For Paperwork Reduction Act N	otice, see the Instruction	ons tor Form 990.		Cat. No. 5005!	۲۹	Sch	edule I (Form 990) 2019

Part III Grants and Other Assis Part III can be duplicated				anization answere	d "Yes" on For	m 990, Part IV, line 22.				
(a) Type of grant or assistance		(b) Number of recipients	f (c) Amoun cash grai		Amount of sh assistance	(e) Method of valuation FMV, appraisal, oth		(f) Description of noncash assistance		
(1) Financial Assistance in the form of U Awarded Grants, Scholarships, and Allocations	Jniversity-	14000	326,139,000							
(2) Financial Assistance in the form of s prizes, and awards	stipends,	3000	17,646,000							
(3) CARES Act HEERF grant		5000	8,825,000							
(4) Subaward		1	17,000							
4)										
5)										
6)										
7)										
Part IV Supplemental In	formatio	n. Provide the in	formation required in I	Part I, line 2; F	art III, colun	nn (b); and any other	additiona	l information.		
Return Reference	Explanatio	n								
R	ENOVATIO	EXPIDITION N RECOGNITION OF THE SERVICES THAT GW HILLEL PROVIDES TO STUDENTS AT GW, GW AND GW HILLEL CONDUCTED A JOINT FUNDRAISING CAMPAIGN FOR THE ENOVATION, MAINTENANCE, FURNISHINGS, AND ENDOWMENT OF GW HILLEL'S FACILITIES LOCATED ON THE GW CAMPUS. ALL RESTRICTED CONTRIBUTIONS ECEIVED BY GW UNDER THE CAMPAIGN ARE AWARDED AS GRANTS TO GW HILLEL UNDER THE TERMS OF THE JOINT FUNDRAISING AGREEMENT.								
Calculated Death I Division C	DANITO AN	D OTHER ACCICEAN	ICE TO COVERNMENT AND	D ODCANIZATIO	IC. CVA/ NAATNIT	ATMC A FORMAL CURREC	TOTENIT MA	ANTICODING DOLLOW MULICIL ADDLESS TO ALL		

Part IV	Supplemental	I	nf		
Return Reference					

Schedule I, Part I, Line 2 grant funds.

Procedures for monitoring use of ISUBAWARDS ISSUED UNDER ALL SPONSORED PROJECTS AWARDED. THE POLICY APPLIES TO SUBRECIPIENTS WHO ARE ASSIGNED RESPONSIBILITY FOR CONDUCTING A PORTION OF GW'S SPONSORED PROJECT WORK. GW IS RESPONSIBLE TO THE SPONSOR FOR MANAGEMENT OF FUNDS AND FOR MEETING PERFORMANCE GOALS. GW HAS INTERNAL PROCEDURES FOR ASSESSING THE SUBRECIPIENT ORGANIZATION'S FINANCIAL STATUS AND INTERNAL CONTROLS IN ORDER TO DETERMINE WHETHER TO PROCEED WITH THE SUBRECIPIENT. BASED ON THE ASSESSMENT, TERMS AND CONDITIONS ARE ESTABLISHED IN THE SUBAWARD AGREEMENT TO BE CONSISTENT WITH THE LEVEL OF PERCEIVED RISK AND IDENTIFY SPECIFIC MONITORING ACTIVITIES. GW UNDERTAKES CERTAIN ACTIVITIES TO MONITOR SUBRECIPIENTS TO PROVIDE REASONABLE ASSURANCE THAT THEY ADMINISTER, PERFORM AND ARE IN COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, TERMS AND CONDITIONS OF THE PRIME AWARD AND GW'S SUBAWARD AGREEMENTS, RISK ASSESSMENT AND AWARD MONITORING PROCEDURES ARE DEFINED BY ROLES AND RESPONSIBILITIES AT GW AND INCLUDE, BUT ARE NOT LIMITED TO, THE PRINCIPAL INVESTIGATOR, DEPARTMENT ADMINISTRATORS, CENTRAL RESEARCH, AND FINANCIAL OFFICES WITHIN GW. GW HILLEL ONLY - THE ORGANIZATION PRESENTED PLANS FOR THE RENOVATION, MAINTENANCE, FURNISHING, AND ENDOWMENT OF GW HILLEL'S FACILITIES LOCATED ON THE GW CAMPUS. DETAILS, SUCH AS BUDGETS, ARE PROVIDED TO GW ON REQUEST IN CONNECTION WITH ITS REVIEW. A REPORT WILL BE PROVIDED TO GW UPON COMPLETION OF THE RENOVATION. MEDICAL FACULTY ASSOCIATES, INC. JOINT FUNDRAISING CAMPAIGN ONLY - MFA AGREES TO SPEND PHILANTHROPICALLY RAISED FUNDS CONSISTENT WITH DONOR INTENT AND TO PROVIDE ANNUAL REPORTS ON THE USE OF EXPENSED FUNDS AND RELATED DETAIL TO GW. GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS: THE FINANCIAL AID OFFICE KEEPS RECORDS ON ITS INTEGRATED SOFTWARE SYSTEM THAT SUBSTANTIATES THE AMOUNT GRANTED TO EACH STUDENT, THE ELIGIBILITY CRITERIA FOR EACH STUDENT, AND THE SELECTION PROCESS USED IN AWARDING ASSISTANCE. THE UNIVERSITY'S GRANTS AND OTHER ASSISTANCE ARE INITIALLY CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT IN ITS INTEGRATED SOFTWARE SYSTEM IN ORDER TO PAY FOR TUITION, FEES, ROOM AND BOARD, AND/OR TEXTBOOK CHARGES. A CHANGE IN ENROLLMENT STATUS RESULTS IN WEEKLY REPORTS THAT FINANCIAL AID STAFF REVIEW FOR POSSIBLE ADJUSTMENTS. THE BALANCE OF AID IN EXCESS OF THE ABOVE CHARGES CAN BE REFUNDED TO THE STUDENT FOR LIVING EXPENSES. THE SYSTEM CHECKS THAT THE STUDENT IS STILL ENROLLED BEFORE ISSUING THE REFUND. AT THE GRADUATE LEVEL, AWARDS ARE INITIATED, CHECKED TO ENSURE ELIGIBILITY AND APPROVED BEFORE AWARDS ARE OFFERED TO A STUDENT AND A STUDENT MUST ACCEPT THE AWARD BEFORE PAYMENT PROCESSES BEGIN. QUALIFICATIONS FOR ENDOWMENT AWARDS ARE CHECKED AND THE MINIMUM REQUIREMENTS FOR AWARDS ARE CHECKED FOR EVERY ENDOWMENT AWARDEE. PAPERWORK IS KEPT IN THE OFFICE FOR THREE YEARS AND THE AWARD LETTERS ELECTRONICALLY FOR FIVE YEARS. OUR ELECTRONIC SYSTEMS, BANNER AND EAS, HAVE THE RECORDS OF PAYMENTS Schedule I (Form 990) 2019

Page 2

Additional Data

ACKCO INC

ACPE INC

1616 E INDIAN SCHOOL RD PHOENIX, AZ 85004

ONE WEST COURT SQUARE DECATUR, GA 30030

Software ID: 19010655 **Software Version:** 2019v5.0 **EIN:** 53-0196584

Form 990	,Schedule I,	, Part I	I, Grants and	Other Assistance to	o Domestic	Organiza	tions and	Domesti	ic Governments.	
			41.5						200 11 1 0 1 11	_

(a) Name and address of	(D) LIN	(c) Inc section	(a) Amount of Cash	(e) Amount of non-	(1) Method of Valuation	
organization		if applicable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	i

501(C)(3)

870,000

6,000

Form 990.Schedule I	. Part II. Grants a	nd Other Assista	nce to Domest	ic Or

46-0316645

58-1921094

Name: The George Washington University

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

subaward

subaward

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ALBERT EINSTEIN COLLEGE OF 83-0621846 501(C)(3) 1.032.000 Isubaward MEDICINE

Isubaward

52.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

1300 MORRIS PARK AVE BRONX, NY 10461 ALBERT EINSTEIN HEALTHCARE NETWORK

50 Township Line Road Elkins Park, PA 19027

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) ALLIED RESEARCH SOCIETY 46-4494292 10.000 subaward

20911 JOHNSON ST PEMBROKE PINES, FL 330292190	10 1101202		20,000		3337313
AMERICAN ACADEMY OF FAMILY PHYSICIAN	44-0536051	501(C)(3)	65,000		subaward

11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 53-0196546 501(C)(3) 109.000 AMERICAN UNIVERSITY Isubaward 4400 MASSACHUSETTS AVE

subaward

13.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ARIZONA

4400 MASSACHUSETTS AVE WASHINGTON, DC 20016 ARIZONA STATE UNIVERSITY

PO BOX 876011 TEMPE, AZ 852876011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 63-6000724 ALABAMA 16.000l AUBURN UNIVERSITY Isubaward 208 M WHITE SMITH HALL AUBURN, AL 36849 BAYLOR COLLEGE OF 74-1613878 501(C)(3) 986.000 Isubaward

MEDICINE PO BOX 301207 DALLAS, TX 753031207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BAYLOR RESEARCH INSTITUTE 75-1921898 501(C)(3) 313.000 Isubaward PO Box 846275 Dallas, TX 75284

Isubaward

37.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BECKMAN RESEARCH

1500 DUARTE RD DUARTE, CA 910103000

HOPE

INSTITUTE OF THE CITY OF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) BOARD OF REGENTS OF 39-6006492 WISCONSIN 55.000l Isubaward UNIVERSITY OF WISCONSIN SYSTEM ORSP DRAWER 538 MILWAUKEE, WI 532780538

subaward

23,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BOSTON MEDICAL CENTER

CORPORATION 660 HARRISON AVE BOSTON, MA 02118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DOCTON LINEVEDCITY 04 2102547 E01(C)(2) 150 000 Isubaward

PO Box 28763 New York, NY 10087	04-2103547	501(C)(3)	159,000		subawa
BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVE	53-0196577	501(C)(3)	7,000		subawa

ward NW WASHINGTON, DC 200362188

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 95-1643307 CALIFORNIA 81.000 CALIFORNIA INSTITUTE OF Isubaward TECHNOLOGY 1200 F CALIFORNIA BLVD

PASADENA, CA 91125

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84130

CAROLLO ENGINEERS INC. 86-0899222 13.000 Isubaward PO BOX 30835

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 34-1018992 501(C)(3) 1.525.000 CASE WESTERN RESERVE Isubaward UNIVERSITY 10900 FUCLID AVE CLEVELAND, OH 44106 53-0196583 501(C)(3) 40.000 CATHOLIC UNIVERSITY OF Isubaward

AMERICA

620 MICHIGAN AVE NE WASHINGTON, DC 20064

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) CHICAGO ASSOCIATION FOR 36-3334177 501(C)(3) 42.000 Isubaward RESEARCH AND EDUCATION

IN SCIENCE PO BOX 250 HINES, IL 60141					
CHILD TRENDS INCORPORATED 7315 WISCONSIN AVE	13-2982969	501(C)(3)	21,000		subaward

STE 1200W

BETHESDA, MD 208143666

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 23-1352166 501(C)(3) 296.000 CHILDRENS HOSP OF Isubaward PHILADELPHIA PHILADELPHIA. PA 191781457

LOCKBOX 1457 CHILDRENS HOSPITAL LOS 95-1690977 501(C)(3) 285.000 Isubaward ANGELES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4650 SUNSET BLVD LOS ANGELES, CA 90027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-1654453 501(C)(3) 654.000 CHILDRENS RESEARCH Isubaward INSTITUTE

801 ROFDER ROAD SILVER SPRING, MD 20910 CINCINNATI CHILDRENS 31-0833936 501(C)(3) 34.000l Isubaward HOSPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3333 BURNET AVE CINCINNATI, OH 45229

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government CLEVELAND CLINIC 24 0714505 E01/C1/21 20 0001 cubaward

CLEVELAND CLINIC	34-0/14363	301(C)(3)	28,000		Subaward
FOUNDATION					
PO BOX 931562					
CLEVELAND, OH 44193					

615 WEST 131ST ST RM 458 NEW YORK, NY 10027

COLUMBIA UNIVERSITY 13-5598093 501(C)(3) 2.783.000 Isubaward

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 13-1685039 501(C)(3) 287,000 COOPERATIVE FOR Isubaward

4301 CONNECTICUT AVE NW 134

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 200082304

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government DDEVEL LINIT/EDCITY 23-1352630 501(C)(3) 248.000 Isubaward

Isubaward

DKEVEL GIMINEKSTI	1
PO BOX 95000-109	0
PHILADELPHIA, PA	1919!

2200 W MAIN STREET DURHAM, NC 27705

DUKE UNIVERSITY 56-0532129 501(C)(3) 759,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 58-0566256 501(C)(3) 219.000 EMORY UNIVERSITY Isubaward

PO BOX 935084 ATLANTA, GA 31193

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 981154140

ENVIROMIND LLC 83-4552736 214.000 subaward 8315 8TH AVE NE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 04-2730934 501(C)(3) 86.000l FAMILIES USA FOUNDATION Isubaward 1225 New York Avenue Washington, DC 20005 52-1073362 501(C)(3) 22.000

Isubaward

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FAMILY AND MED COUNSELING SERV INC 2041 MARTIN LUTHER KING JR

WASHINGTON, DC 20020

AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Family Health International 23-7413005 501(C)(3) 105.000 Isubaward 2224 Chapel Hill Nelson Way 58-1857346 501(C)(3) 530.000 Isubaward

Durham, NC 277132208 FOUNDATION FOR ATLANTA VETERANS EDUCATION AND RESEARCH INC

1670 Clairmont Road 151F Decatur, GA 300334004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FUND FOR THE CITY OF NEW 13-2612524 501(C)(3) 28.000 Isubaward

GENERAL ELECTRIC COMPANY	14-0689340	31.000		subaward
YORK INC 121 6TH AVENUE 6TH FLOOR NEW YORK, NY 10013				

GENERAL ELECTRIC COMPANY 14-0689340 1 REASERCH CIRCLE

NISKAYUNA, NY 12309

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 04-2697983 501(C)(3) 895.000 GENERAL HOSPITAL Isubaward CORPORATION

PO BOX 3829 BOSTON, MA 022413829 GEORGE MASON UNIVERSITY 54-0836354 VIRGINIA 223.000 Isubaward 4400 UNIVERSITY DR MAIL

STOP 4C6 FAIRFAX, VA 22030

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 53-0196603 501(C)(3) 184,000 GEORGETOWN UNIVERSITY Isubaward

OFFICE OF SPONSORED ACCTG WASHINGTON, DC 20057					
GEORGIA STATE UNIVERSITY	58-6002050	Georgia	140,000		subaward

PO BOX 3999 ATLANTA, GA 30302

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) GEORGIA TECH RESEARCH 58-0603146 501(C)(3) 77.000l Isubaward

PO BOX 100117 ATLANTA, GA 30384					
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC	59-2451713	501(C)(3)	156,000		subaward

CODD

PO Box 742801 Atlanta, GA 303742801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government ward

HARVARD UNIVERSITY	04-2103580	501(C)(3)	60,000		subaw
PO BOX 415649					l
BOSTON, MA 022415649					

PO Box 1524

Minneapolis, MN 554401524

HEALTHPARTNERS INSTITUTE 41-1670163 501(C)(3) 936.000 subaward

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) HILLELL AT THE GEORGE 52-6081729 501(C)(3) 2.355.000 Isubaward

subaward

WASHINGTON UNIVERSITY INC				
8170 33RD AVE S				
WASHINGTON, DC 20037				

240,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

HOWARD UNIVERSITY

525 BRYANT ST NW WASHINGTON, DC 20059

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government HS&S 77-0370372 52.000 Isubaward

Isubaward

276,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INDIANA

920 ROCKHOLD DR ASHEVILLE, NC 288042917 INDIANA UNIVERSITY

DETROIT, MI 482780867

DFPT 78867

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-1336656 501(C)(3) 669.000 INSTITUTE FOR CLINICAL Isubaward RESEARCH PO BOX 29545 WASHINGTON, DC 20017 38-3017223 501(C)(3) 47.000 Isubaward

INSTITUTION FOR HEALTHCARE IMPROVEMENT

20 UNIVERSITY RD 7TH FLOOR CAMBRIDGE, MA 02138

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 13-3870223 501(C)(3) 17.000l INTERNATIONAL AIDS Isubaward VACCINE INITIATIVE INC

Isubaward

195.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

125 Broad Street 9th Floor New York, NY 10004 INTERNATIONAL RESCUE COMMITTEE INC

122 East 42nd Street New York, NY 10168

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110	501(C)(3)	1,015,000		subaward
JOSLIN DIABETES CENTER INC	04-2203836	501(C)(3)	243,000		subaward

ONE JOSLIN PLACE BOSTON, MA 02215

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) JPL - NASA 53-0201509 134,000 Government Isubaward

MAIL STOP 301-430A PASADENA, CA 91109					
KAISER FOUNDATION	94-1105628	501(C)(3)	1,529,000		subaward

RESEARCH INSTITUTE 2101 EAST JEFFERSON STREET

ROCKVILLE, MD 20852

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 52-1942551 501(C)(3) 54.000 LA CLINICA DEL PUEBLO INC Isubaward 2831 15TH ST NW

WASHINGTON, DC 20009 LOUISIANA STATE 72-6000848 LOUISTANA 281.000 Isubaward UNIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6400 PERKINS ROAD BATON ROUGE, LA 70808

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 25-1462312 501(C)(3) 298.000 MAGEE WOMENS RESEARCH Isubaward INST 3339 WARD ST 04-2103594 501(C)(3) 149.000 Isubaward

PITTSBURGH, PA 15213 MASSACHUSETTS INSTITUTE OF TECHNOLOGY

77 MASS AVE RM 10-110 CAMBRIDGE, MA 02139

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 22-2112296 222,000 MATHEMATICA POLICY Isubaward

MAYO CLINIC ARIZONA	86-0800150	501(C)(3)	228.000		subaward
RESEARCH INC PO BOX 2393 PRINCETON, NJ 085432393					

MAYO CLINIC ARIZONA 86-0800150 501(C)(3) 228.0001 PO BOX 860334

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MINNEAPOLIS, MN 55486

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-2220700 501(C)(3) 350.000 Joint Fundraising MEDICAL FACULTY ASSOCIATES INC 1 Campaign 2021 K ST NW STF 600 WASHINGTON, DC 20052

Isubaward

3.250.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

MEDICAL FACULTY

ASSOCIATES INC 2 2021 K ST NW STE 600 WASHINGTON, DC 20052 52-2220700

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MEDSTAR HEALTH RESEARCH 52-6056274 501(0)(3) 1 282 0001 Isubaward

Japarra.

1012 14TH STREET NW WASHINGTON, DC 20005

METRO HEALTH INC 52-1556535 501(C)(3) 82.0001 Isubaward

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

MGVP INC PO BOX 356 DAVIS, CA 95617	06-1752363	501(C)(3)	6,000		subaward
MICHIGAN STATE UNIVERSITY	38-2015695	Michigan	39.000		subaward

426 AUDITORIUM ROAD EAST LANSING, MI 48824

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) MOLINE STNAT SCHOOL OF 12-6171107 E01(C)(3) 791 000 cubaward

NW

WASHINGTON, DC 200054913

MEDICINE ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-01/119/	301(0)(3)	761,000		Subawaiu
NATIONAL MINORITY AIDS COUNCIL STE 200 1000 VERMONT AVE	52-1578289	501(C)(3)	74,000		subaward

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 13-5562308 501(C)(3) 9.0001 NEW YORK UNIVERSITY Isubaward PO BOX 5166 NEW YORK, NY 10087 NORTH CAROLINA CENTRAL 56-6000730 NORTH CAROLINAL 18.000l Isubaward UNIVERSITY

PO BOX 19713

DURHAM, NC 27707

OFFICE OF THE COMPTROLLER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NORTHERN ARIZONA 74-2579628 Arizona 8.0001 Isubaward

Isubaward

UNIVERSITY PO BOX 4080 FLAGSTAFF, AZ 86011		, ,		

834.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NORTHWESTERN UNIVERSITY

633 CLARK ST RM G547 EVANSTON, IL 60208 36-2167817

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 11-1633486 501(C)(3) 68.000l NYU WINTHROP HOSPITAL Isubaward

700 HICKSVILLE ROAD BETHPAGE, NY 11714

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ROCHESTER, MI 48309

OAKLAND UNIVERSITY 38-1714400 501(C)(3) 18.000 subaward 529 WILSON HALL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 31-6401599 501(C)(3) 705.000 OHIO STATE UNIVERSITY Isubaward RESEARCH FOUNDATION

RESEARCH FOUNDATION
1960 KENNY RD
COLUMBUS, OH 432101063

OMEGA OPTICS INC 74-3016162 53,000

subaward

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Blda 4

Austin, TX 78757

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 93-1176109 OREGON 545.000 OREGON HEALTH SCIENCES Isubaward UNIVERSITY 0690 SW BANFROFT STREET

Isubaward

568.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PACIFIC HEALTH RESEARCH &
EDUCATION INSTITUTE

3375 KOAPAKA STREET HONOLULU, HI 96819 99-0312283

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) PARENT EDUCATION & 20-2943378 501(C)(3) 173,000 Isubaward ADVOCACY LEADERSHIP

PENNSYLVANIA STATE	24-6000376	PENNSYLVANIA	42,000		subawa
CENTER (PEAL) 2325 East Carson Street Suite 100A PITTSBURGH, PA 152032109					

STATE COLLEGE, PA 16802

ward UNIVERSITY 227 BEAVER AVE STE 401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 21-0634501 501(C)(3) 37.000l PRINCETON UNIVERSITY Isubaward

701 CARNEGIE CENTER PRINCETON, NJ 08540

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHICAGO, IL 60673

PURDUE UNIVERSITY 35-6002041 501(C)(3) 20,000 subaward 23510 NETWORK PLACE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 94-3067788 501(C)(3) 447.000 REGENTS OF UNIVERSITY OF Isubaward CALIFORNIA 1111 Franklin St 11th Floor

Isubaward

1.018.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Oakland, CA 94607 RESEARCH FOUNDATION OF SUNY

PO BOX 9 ALBANY, NY 12201 14-1368361

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) ROSOV CONSULTING LLC 26-2872468 390 nonl leubaward

2095 Rose Street 101 Berkeley, CA 94709	20 2072400		330,000		Subawaru
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH 1325 4TH AVENUE	91-1452438	501(C)(3)	469,000		subaward

SUITE 1310 SEATTLE, WA 98101

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) SOUTH FLORIDA VA 65-0207903 501(C)(3) 10.000 Isubaward

PERMANENTE MEDICAL GROUP 100 S LOS ROBLES AVE PASADENA, CA 91101

SOUTHERN CALIFORNIA	95-1750445	501(C)(3)	209,000		subaward	
FOUNDATION FOR RESEARCH AND EDUCATION INC 1201 NW 16TH STREET MIAMI, FL 33125		, , , ,	·			

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ward

subaward

ST LOUIS UNIVERSITY 43-0654872 501(C)(3) 254.000 3700 WEST PINE MALL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST LOUIS, MO 63108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 94-1156365 501(C)(3) 200.000 STANFORD UNIVERSITY Isubaward PO BOX 44253

SAN FRANCISCO, CA 941444253 23-1365971 501(C)(3) 73.000l Isubaward

TEMPLE UNIVERSITY PO BOX 824242

PHILADELPHIA, PA 191824242

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

THE DIAN EOSSEY CORILLA	E2 1110066	E01(C)(2)	20,000		cubaward
400 HARVEY MITCHELL PKWY S SUITE 300 COLLEGE STATION, TX 77845			,		
TEXAS A AND M UNIVERSITY	74-6000531	TEXAS	122,000		subaward

THE DIAN FOSSEY GORILLA 52-1118866 501(C)(3)| 20,0001 Isubaward FUND INTL INC 800 CHEROKEE AVE SE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ATLANTA, GA 30315

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) THE UNIVERSITY OF MONTANA 81-6001713 501(C)(3) 42.000 Isubaward 32 CAMPUS DRIVE MISSOULA, MT 59812 THE UNIVERSITY OF TEXAS 74-1761309 TEXAS 880.000 Isubaward HEALTH SCIENCE CENTER AT

HOUSTON PO BOX 301418

DALLAS, TX 75303

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNITY HEALTH CARE INC. 52-1572431 501(0)(3) 237 0001 Isubaward

1100 NEW JERSEY AVENUE SE WASHINGTON, DC 20003			20.,000		
UNIV OF CALIFORNIA	94-6002123	501(C)(3)	107,000		subawar

BERKELEY, CA 947201103

/ard BERKELEY 2195 HEARST AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) UNIV OF TEXAS 75-6002868 501(C)(3) 588,000 Isubaward

1720 SECOND AVE SOUTH BIRMINGHAM, AL 35294

SOUTHWESTERN PO BOX 841765 DALLAS, TX 752841765					
UNIVERSITY OF ALABAMA BIRMINGHAM AB 990	63-6005396	501(C)(3)	1,300,000		subaward

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNIVERSITY OF ALASKA 92-6000147 Alaska 71.000 Isubaward PO Box 141628 Anchorage, AK 99514 UNIVERSITY OF CALIFORNIA 95-2226406 501(C)(3) 117.000 Isubaward REGENTS

120 THEORY SUITE 200 IRVINE, CA 92697

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 95-6006142 CALIFORNIA 135.000 UNIVERSITY OF CALIFORNIA Isubaward RIVERSIDE 900 UNIVERSITY AVENUE RIVERSIDE, CA 92521 UNIVERSITY OF CALIFORNIA 95-6006144 CALIFORNIA 64.000 Isubaward SAN DIEGO

9500 GILMAN DR LA JOLLA, CA 92093

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 94-6036493 501(C)(3) 891.000 UNIVERSITY OF CALIFORNIA Isubaward SAN FRANCISCO

PO BOX 748872 LOS ANGELES, CA 90074

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHICAGO, IL 60637

UNIVERSITY OF CHICAGO 36-2177139 501(C)(3) 16.000l Isubaward 6054 SOUTH DREXEL AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF CINCINNATI 31-6000989 OHIO 281.000 Isubaward PO BOX 932641 CLEVELAND, OH 44193

subaward

1,354,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COLORADO

UNIVERSITY OF COLORADO

PO BOX 910220 DENVER, CO 802910220 84-6000555

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF DELAWARE 51-6000297 Delaware 54,000 Isubaward

116 STUDENT SERVICES BLDG NEWARK, DE 19716					
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD	99-6000354	HAWAII	133,000		subaward

BOX 368

HONOLULU, HI 96822

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF ILLINOIS 36-4102592 THINOIS 148.000 Isubaward

subaward

585.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IOWA

28392 NETWORK PLACE CHICAGO, IL 606731283 UNIVERSITY OF IOWA

B5 JESSUP HALL IOWA CITY, IA 52242 42-6004813

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 52-6002033 MARYLAND 94.000 UNIVERSITY OF MARYLAND Isubaward 14000 JERICHO PARK RD BOWIE, MD 20715

UNIVERSITY OF MARYLAND 52-6002033 MARYLAND 130.000 Isubaward BALTIMORE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1000 HILLTOP CIR BALTIMORE, MD 21250

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) UNIVERSITY OF 04-3167352 MASSACHUSETTS 82.000l Isubaward

Isubaward

635,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

59-0624458

MASSACHUSETTS	
100 VENTURE WAY	
SUITE 201	
HADLEY MA 01035	

UNIVERSITY OF MIAMI

P O BOX 405803 ATLANTA, GA 303845803

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 38-6006309 MICHIGAN 1.025.000 UNIVERSITY OF MICHIGAN Isubaward PO BOX 223131 PITTSBURGH, PA 152512131

UNIVERSITY OF MINNESOTA 41-6007513 MINNESOTA 2.024.000 Isubaward REGENTS OF UNIV OF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MINNESOTA MINNEAPOLIS, MN 554855957

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) UNIVERSITY OF NEBRASKA 47-0491233 NEBRASKA 747.000 Isubaward

985045 NEBRASKA MEDICAL CENTER OMAHA, NE 68198			·		
UNIVERSITY OF NEW MEXICO MSC09 5225 1 UNIV OF NEW MEXICO	85-6000642	NEW MEXICO	652,000		subaward

ALBUQUERQUE, NM 871315041

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) UNIVERSITY OF NORTH 56-6001393 NORTH CAROLINA 914.000 Isubaward

CAROLINA 104 AIRPORT DR STE 200 CB1350 CHAPEL HILL, NC 275991350					
UNIVERSITY OF NORTHERN	42-6004333	l Iowal	104.000		subaward

IOWA 1227 W 27th St

CEDAR FALLS, IA 50614

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 73-6017987 OKLAHOMA 294.000 UNIVERSITY OF OKLAHOMA Isubaward PO BOX 26901 URP865 STE

Isubaward

490 OKLAHOMA CITY, OK 73190			
UNIVERSITY OF PENNSYLVANIA	23-1876142	501(C)(3)	

3451 WALNUT ST RM P-221 PHILADELPHIA, PA 191046205 338.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF PITTSBURGH 25-0965591 501(C)(3) 469.000 Isubaward PO BOX 371220

subaward

69,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PITTSBURGH, PA 152517220
UNIVERSITY OF ROCHESTER

910 GENESEE STREET ROCHESTER, NY 14611 16-0743209

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF TENNESSEE 62-6001636 TENNESSEE 78.000l Isubaward 210 STUDENT SERV BLDG KNOXVILLE. TN 379960105

subaward

907.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TEXAS

UNIVERSITY OF TEXAS

PO Box 4266 Houston, TX 77210 74-1761333

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) UNIVERSITY OF TEXAS AT 74-6000203 TEXAS 160.000 subaward

AUSTIN PO BOX 7159 AUSTIN, TX 78713	, , , , , , , , , , , , , , , , , , , ,	. 270.0	233,633		
UNIVERSITY OF TEXAS MEDICAL BRANCH-IMH	74-6000949	TEXAS	854,000		subaward

GALVESTON 301 UNIVERSITY BLVD GALVESTON, TX 77555

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 87-6000525 UTAH 904.000 UNIVERSITY OF UTAH Isubaward 201 PRESIDENTS CIR RM 406 SALT LAKE CITY, UT 84112

Isubaward

198.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

VIRGINIA

UNIVERSITY OF VIRGINIA PO BOX 400195

CHARLOTTESVILLE, VA

229044195

54-6001796

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-6001537 WASHINGTON 1,132,000 UNIVERSITY OF WASHINGTON Isubaward

12455 COLLECTIONS DR CHICAGO, IL 60693					
UNIVERSITY OF WISCONSIN BOARD REGENTS UNIV	39-1805963	WISCONSIN	376,000		subaward

WISCONSIN SYSTEM
MILWAUKEE, WI 532780538

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

UNIVERSITY OF WISCONSIN MADISON	23-7222270	501(C)(3)	10,000		subaward
ORSP					
DRAWER 538 MILWAUKEE, WI 53278					

subaward

TEXAS 611,000 UNIVERSITY TEXAS HEALTH 74-1586031 SCIENCE CENTER

PO BOX 1898

SAN ANTONIO, TX 782971898

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 87-6000528 UTAH 41.000 UTAH STATE UNIVERSITY Isubaward PO BOX 410027 SALT LAKE CITY, UT 84141 35-2528741 501(C)(3) 509,000 Isubaward

VANDERBILT UNIVERSITY MEDICAL CENTER Dept 1236 PO Box 121236

Dallas, TX 75312

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) VEECO PROCESS EQUIPMENT 20-1971846 40.000 Isubaward

INC 4900 CONSTELLATION DRIVE WHITE BEAR LAKE, MN 55127					
VETERANS MEDICAL RESEARCH FOUNDATION OF	33-0189397	501(C)(3)	446,000		subaward

SD 3350 LA JOLLA VILLAGE DRIVE

SAN DIEGO, CA 92161

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

VIRGINIA POLYTECHNIC	54-6001805	VIRGINIA	219,000		subaward
INSTITUTE AND STATE					
UNIVERSITY					
NORTH END CENTER MC 0170					
BLACKSBURG, VA 24061					

501(C)(3) 22-3849199 268,000 subaward WAKE FOREST UNIVERSITY HEALTH SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

525 VINE 5TH FLOOR WINSTONSALEM, NC 27157

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government WASHINGTON HEALTH 83-2339581 501(0)(3) 104 000 Isubaward

INSTITUTE 1140 Varnum St NE Washington, DC 20017	03 233301	301(0)(3)	10 1,000		Supurvuru
WASHINGTON UNIVERSITY	43-0653611	501(C)(3)	354,000		subaward

700 ROSEDALE AVE ST LOUIS, MO 631121408

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 13-1623978 501(C)(3) 12.000 WEILL MEDICAL COLLEGE Isubaward 575 LEXINGTON AVE

NEW YORK, NY 10022 WEST CHESTER UNIVERSITY 23-2417773 PENNSYI VANTA 37.000l Isubaward OF PA 201 CARTER DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WEST CHESTER, PA

193830001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 55-0665758 501(C)(3) 320.000 WEST VIRGINIA UNIVERSITY Isubaward RESEARCH CORPORATION

PO BOX 6001 MORGANTOWN, WV 26506 95-2647125 67.000l WESTERN DIGITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LOS ANGELES, CA 90074

Isubaward TECHNOLOGIES INC PO BOX 742642

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government ward

WHITMAN WALKER HEALTH 1342 Florida Ave Washington, DC 20009	52-1122122	501(C)(3)	417,000		subaward
WOMEN & INFANTS HOSPITAL	05-0258937	501(C)(3)	504,000		subaward

350 DUNCAN DRIVE PROVIDENCE, RI 02906

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government WORLD VISION INC 95-1922279 501(0)(3) 301 000 l Isubaward

300 I ST NE WASHINGTON, DC 20002	33 13222/3	301(0)(3)	361,000		Sabawai
YALE UNIVERSITY	06-0646973	501(C)(3)	768,000		Subawai

NEW HAVEN, CT 065208837

/ard 155 WHITNEY AVENUE PO BOX 1873

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	33042	691
Sch	nedule J	Co	ompensati	ion Information	OI	ИВ No.	1545-0	0047
(For	m 990)	For certain Office		rustees, Key Employees, and High ated Employees	hest	20	110	_
		► Complete if the org	anization answ	vered "Yes" on Form 990, Part IV, to Form 990.	, line 23.	20	115	•
•	tment of the Treasury	▶ Go to <u>www.irs.go</u>		instructions and the latest inform	mation.)pen		
	al Revenue Service ne of the organiza	lation			Employer identifica		ectio Imber	
	George Washington				53-0196584			
Pa	rt I Questi	ons Regarding Compensa	tion		53-0196564			
	(yyy					Yes	No
1a				f the following to or for a person listed y relevant information regarding thes				
		or charter travel	lacksquare	Housing allowance or residence for I	personal use			
		companions		Payments for business use of person				
		nification and gross-up payments	s 🔽	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	teur, chet)			
b				follow a written policy regarding payive? If "No," complete Part III to expla		1b	Yes	
2				or allowing expenses incurred by all	20.12	2	Yes	
	directors, truste	es, officers, including the CEO/E	executive Directo	r, regarding the items checked on Lin	ie la?			
3	organization's C	EO/Executive Director. Check all	l that apply. Do r	ed to establish the compensation of the not check any boxes for methods				
	used by a relate	ed organization to establish comp	pensation of the	CEO/Executive Director, but explain i	n Part III.			
	•	ation committee	$\overline{\checkmark}$	Written employment contract				
		ent compensation consultant	lacksquare	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII <i>,</i> Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	trol payment? .			4a	Yes	
b	Participate in, o	r receive payment from, a suppl	emental nonqual	ified retirement plan?		4b	Yes	
c				nsation arrangement?		4c		No
	If "Yes" to any o	or lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Part	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Sectio ontingent on the revenues of:		the organization pay or accrue any				
a	The organization	1?				5a	Yes	
b	Any related orga	anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b	, ,					6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7	Yes	
8	subject to the in	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		No
9				presumption procedure described in		9		110
For F	Paperwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	1 9901	2019

Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			and other	(D) Nontaxable benefits	columns	(F) Compensation i
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
See Additional Data Table							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. **Return Reference**

Explanation Schedule J. Part I. Line 1a First-class FIRST-CLASS TRAVEL WAS PROVIDED to one KEY EMPLOYEE AS A MEDICAL ACCOMMODATION and TO ONE Officer. THE BENEFIT WAS NOT TREATED AS TAXABLE

THE UNIVERSITY REIMBURSES REASONABLE AND NECESSARY BUSINESS TRAVEL EXPENSES FOR THE SPOUSE OF one OFFICER. THE BENEFITS WERE TREATED AS

The University provided housing assistance for one officer and one highly compensated employee. The benefit was treated as taxable compensation. Additionally,

THE UNIVERSITY PROVIDED A tax GROSS-UP TO one officer for spousal travel and one former officer for taxable insurance. THE BENEFIT Was TREATED AS

Schedule J, Part I, Line 1a Travel for companions Schedule J, Part I, Line 1a Tax

or charter travel

indemnification and gross-up payments TAXABLE COMPENSATION. Schedule J. Part I. Line 1a Housing allowance or residence for personal use THE PRESIDENT RESIDES IN ON-CAMPUS HOUSING AS A CONDITION OF HIS EMPLOYMENT FOR THE CONVENIENCE OF THE UNIVERSITY. THE RESIDENCE IS

USED FOR UNIVERSITY-RELATED BUSINESS AND ENTERTAINMENT PURPOSES ON A REASONABLE AND CONTINUAL BASIS. THE BENEFIT WAS NOT TREATED AS TAXABLE COMPENSATION. CLUB DUES WERE PAID ON BEHALF OF ONE OFFICER. THE MEMBERSHIPS WERE USED PREDOMINANTLY FOR UNIVERSITY BUSINESS PURPOSES. THE BENEFIT Schedule J. Part I. Line 1a Health or social club dues or initiation fees WAS NOT TREATED AS TAXABLE COMPENSATION. Schedule J. Part I. Line 4a Severance Louis H. Katz RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$1,736,534.

or change-of-control payment Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan

Compensation contingent on revenues

Schedule J. Part I. Line 7 Non-fixed

Schedule J, Part I, Line 5a

of the organization

payments

CONTRIBUTION PLANS. THE UNIVERSITY PROVIDES ALL EMPLOYEES WHO PARTICIPATE IN THE 401(A) PLAN AND WHO EARN COMPENSATION IN EXCESS OF THE CAP WITH CONTRIBUTIONS TO A NONQUALIFIED DEFERRED COMPENSATION PLAN ('457(F) RESTORATION PLAN') EQUAL TO THE DIFFERENCE BETWEEN THE BENEFIT THE INDIVIDUAL WOULD HAVE RECEIVED UNDER THE 401(A) PLAN IF NO COMPENSATION OR CONTRIBUTION LIMITS APPLIED AND THE AMOUNT

COMPENSATION.

LIMITED BY THE INTERNAL REVENUE CODE'S CAP ON AN EMPLOYEE'S COMPENSATION (\$280,000 FOR 2019) AND THE CONTRIBUTION LIMITS FOR DEFINED

TAXABLE COMPENSATION WHERE APPROPRIATE.

ACTUALLY ACCRUED UNDER THE 401(A) PLAN; LESS ANY EMPLOYER CONTRIBUTION TO THE GEORGE WASHINGTON UNIVERSITY ELIGIBLE DEFERRED

\$77,334 Thomas A. Mazzuchi \$38,791 Robert Harvey Miller \$6,736 Louis H. Katz \$63,236 Leo M. Chalupa \$4,900

MANAGEMENT, DEVELOPMENT, AND PARTICIPATION IN EDUCATIONAL PROGRAMS.

GW OFFERED AN ANNUAL INCENTIVE COMPENSATION PLAN FOR CERTAIN SENIOR OFFICIALS. THE ANNUAL AWARD OPPORTUNITY IS CAPPED AT A PERCENTAGE

OF THEIR SALARY, THE PLAN INCLUDES PROGRAMMATIC GOALS AND OBJECTIVES FOR THE YEAR THAT ARE SPECIFIC TO THEIR School OR Unit GOALS. THE PLAN

IS APPROVED ANNUALLY BY THE BOARD OF TRUSTEES' EXECUTIVE COMMITTEE (THE "COMMITTEE"), PRIOR TO THE PAYOUT, THE COMMITTEE REVIEWS THE PERFORMANCE OF SENIOR OFFICIALS ON THEIR GOALS AND OBJECTIVES AND AWARDS THE INCENTIVE PAYMENTS BASED ON COMPARABLE MARKET DATA.

IN RECOGNITION OF THE FACT THAT THE UNIVERSITY'S CONTRIBUTIONS ON BEHALF OF AN EMPLOYEE TO ITS QUALIFIED RETIREMENT PLAN ('401(A) PLAN') ARE

TWO PERSONS LISTED ARE PAID ADDITIONAL COMPENSATION BASED ON THE GROSS REVENUE OF PROGRAMS. THE ADDITIONAL AMOUNT IS PAID FOR THE

COMPENSATION PLAN. THE AMOUNTS REPORTED IN THIS SECTION ARE ALREADY INCLUDED IN THE COMPENSATION REPORTED IN SCHEDULE J. PART II. Forrest Maltzman \$27,750 Beth Nolan \$31,800 Aristide J. Collins Jr. \$12,785 Jeffrey S. Akman \$57,000 Lynn Goldman \$24,010 Blake D. Morant \$127,178 Shahram Sarkani

Schedule 1 (Form 990) 2019

Page 3

Software ID: 19010655 **Software Version:** 2019v5.0

EIN: 53-0196584

Name: The George Washington University

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule	e J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1Thomas J LeBlanc	(i)	1,101,554	99,138	32,752	28,000	100,734	1,362,178	0
President - Trustee Ex- Officio	(ii)	0	0	0	0	0	0	0
1 Mark Diaz	(i)	736,167	137,500	19,810	28,000	23,356	944,833	0
Executive VP and CFO	(ii)	0	0	0	0	0	0	0
2 Beth Nolan	(i)	568,764	41,860	57,658	28,000	17,832	714,114	0
Sr VP and General Counsel	(ii)	0	0	0	0	0	0	0
3 Forrest Maltzman	(i)	535,123	39,025	49,072	28,000	8,304	659,524	0
Provost and EVP for Academic Affairs through 10/31/2019	(ii)	0	0	0	0	0	0	0
4 Aristide J Collins Jr	(i)	396,573	0	25,854	28,000	8,836	459,263	12,785
Vice President and Chief of Staff/Secretary of University	(ii)	0	0	0	0	0	0	0
5Malworsth Brian Blake	(i)	136,111	30,000	9,135	5,444	71	180,761	0
Provost and EVP for Academic Affairs as of 11/1/2019	(ii)	0	0	0	0	0	0	0
6 Jeffrey S Akman	(i)	825,091	51,000	79,564	28,000	9,100	992,755	0
VP for Health Affairs and Dean of SMHS	(ii)	0	0	0	0	0	0	0
7Lynn Goldman	(i)	496,565	0	49,868	28,000	3,019	577,452	0
Dean, Milken Institute School of Public Health	(ii)	0	0	0	0	0	0	0
8Paul J Wahlbeck	(i)	285,481	0	3,495	28,000	24,433	341,409	0
Dean, CCAS	(ii)	0	0	0	0	0	0	0
9 Shahram Sarkani	(i)	1,020,585	0	99,898	28,000	23,356	1,171,839	0
Director and Professor of EMSE	(ii)	0	0	0	0	0	0	0
10Thomas A Mazzuchi	(i)	641,870	7,396	61,355	28,000	17,290	755,911	0
Chair, Dept. of Engineering	(ii)	0	0	0	0	0	0	0
11Blake D Morant	(i)	476,379	7,500	189,036	28,000	17,424	718,339	104,102
Professor of Law	(ii)	0	0	0	0	0	0	0
12 Donna Arbide	(i)	565,020	45,720	21,322	28,000	15,908	675,970	0
VP for Development and Alumni Relations	(ii)	0	0	0	0	0	0	0
13Robert Harvey Miller	(i)	506,961	35,000	32,594	28,000	16,225	618,780	2,053
Vice President for Research	(ii)	0	0	0	0	0	0	0
14 Louis H Katz	(i)	0	0	1,814,661	0	0	1,814,661	0
Former EVP & Treasurer	(ii)	0	0	0	0	0	0	0
15Steven Knapp	(i)	400,478	0	18,825	28,000	17,337	464,640	0
Former President and Trustee	(ii)	0	0	0	0	0	0	0
16 Leo M Chalupa	(i)	302,575	0	28,069	28,000	17,408	376,052	0
Former VP for Research	(ii)	0	0	0	0	0	0	0
17Loretta Early	(i)	301,414	21,630	4,951	28,000	17,641	373,636	0
Chief Information Officer	(ii)	0	0	0	0	0	0	0
					•			

efile GRAPHIC	print - D	о ио	T PROCES	S As F	iled Data -					DL	N: 93	4931	330	42691																		
Schedule L			Tran	sactio	ns with Ir	ntereste	d Person	ıs			10	4B No.	1545	-0047																		
Form 990 or 990	-EZ) ▶ Coı	nplet	e if the orga	anization	answered "Yes	" on Form 9	90, Part IV, li	nes 2	5a, 2	25b, 26	5,	20	1	0																		
			27, 28a,		8c, or Form 99 ch to Form 99			10b.				4	1	フ																		
Department of the Trea		▶G	io to <u>www.ii</u>		<u>rm990</u> for inst			ormat	ion.		G	pen i Insp																				
Name of the orga								En	plo	yer ide	ntifica																					
The George Washin	gton University							53	-019	6584																						
Part I Exces	ss Benefit	Tran	sactions (section 501	(c)(3), section !	501(c)(4), and	section 501(c				s only)	١.																				
				d "Yes" on	Form 990, Part	IV, line 25a or	25b, or Form	990-E																								
1 (a)	Name of dis	qualif	fied person	(b)	Relationship be		lified person ar	nd (escript			_	rected?																		
						organization			tr	ansacti	on	Y	es	No																		
								_																								
								-																								
								+																								
								+																								
2 Enter the an	nount of tax	incurr	ed by the ord	ganization i	managers or dis	gualified perso	ons during the	vear u	nder	section	1																					
4958				• • •				· •		>	\$																					
3 Enter the an	nount of tax,	if any	y, on line 2, a	above, reim	bursed by the o	rganization .		•			\$																					
Part III Loa	ns to and	/or F	rom Inter	ested Pe	rsons.																											
Com	plete if the d	organi	zation answe	red "Yes" o	n Form 990-EZ,	Part V, line 3	8a, or Form 99	0, Par	t IV,	line 26	; or if	the org	aniza	ition																		
-			n Form 990, I			14 3 0	(C) D		-				3 147 -																			
(a) Name of nterested person					to or from the anization?	(e) Original principal	(f) Balance due	(g) defai			h) ved by		i) Wri Ireem																			
·	_			_		amount		1 ' ' 1	1 ' ' 1			1 ' '				1 ' ' 1						1 ' ' 1		amount					rd or			
				То	From	-		Yes	No	Yes	No	Yes		No																		
				10	From			res	NO	res	NO	res		NO																		
Total .						> \$																										
					ested Perso																											
					es" on Form S																											
(a) Name of inter	ested person) Relationship erested perso		(c) Amount	of assistance	(d) Type o	of assis	tanc	e	(e) Pui	rpose o	of ass	istance																		
			organizat	ion																												
1)						33,471	Tuition Remis	sion		E	mploye	e Bene	fit																			
										$-\!\!\!+$																						
		<u> </u>			orm 990 or 990-F		at No. 50056A							F7) 201																		

(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shorganiz	f ation's
			Yes	No
FAMILY MEMBER OF PROVOST AND EVP FOR ACADEMIC AFFAIRS	160,814	EMPLOYMENT		No
	between interested person and the organization FAMILY MEMBER OF PROVOST AND EVP FOR	between interested person and the organization FAMILY MEMBER OF PROVOST AND EVP FOR	between interested person and the organization FAMILY MEMBER OF PROVOST AND EVP FOR 160,814 EMPLOYMENT	between interested person and the organization

Part V **Supplemental Information**

Explanation

Schedule L (Form 990 or 990-EZ) 2019

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133042691 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** The George Washington University 53-0196584 Types of Property (a) (b) (c) (d) Check if Number of contributions or Method of determining Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 0 Other Χ Art—Historical treasures Art—Fractional interests Χ 56,520 Other 4 Books and publications Clothing and household 1,202 Other Χ goods Cars and other vehicles Boats and planes . . Intellectual property . . Securities-Publicly traded . 13,764,893 Other - AVG HI/LOW method on gift 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution-Historic structures **14** Qualified conservation contribution-Other . Real estate—Residential 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . 19 Food inventory . . . 20 Drugs and medical supplies . Χ 1,125 Other - FMV - Appraisal or estimate Taxidermy . . . 22 Historical artifacts . . . Χ 110,705 Other - FMV - Appraisal or estimate 23 Scientific specimens . . Archeological artifacts . Archival Χ q 9,875 Other - FMV - Appraisal or estimate Other ▶ (records 25 Χ 8 567,559 Other - FMV - Appraisal or estimate Other ► (Equipment) Х 13 16,712 Other - Net Cash value 27 Other ► (Life insurance) 28 Other ▶ (Various) 125,242 Other - FMV - Appraisal or estimate Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 2 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	A zero amount was reported on Schedule M, Part I, Line 1 col. C for donated works of art because the organization did not capitalize this type of property, as allowed under ASC 958.
Schedule M, Part I EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	GW IS REPORTING THE NUMBER OF CONTRIBUTIONS.
	Schedule M (Form 990) (2019)

efile GRAPH	IC print - DO NOT PROCESS	DLN	93493133042691
SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional information for responses to specific Form 990 or 990-EZ.	c questions on ormation.	OMB No. 1545-0047 2019 Open to Public Inspection
ฟิลเพย ชิริปที่ยาวโรยที่เรื่อtion The George Washington University		Employer ident 53-0196584	ification number
Return Reference	e O, Supplemental Information Explanation		
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Executive Committee, during the intervals between meetings of the Board of hall, to the extent not otherwise specified by the Board, possess and exercise all of powers and duties of the Board of Trustees, except the Committee shall have no ect or remove Trustees or the President, to amend these Bylaws or a Faculty Comprove the merger of the University with any other corporation. The Executive Complete is convened periodically as the Compensation Committee to establish compensation dispractices as well as to approve the compensation and employment arrangemes sident and other designated officials of the University. It shall also address conflict interest for those individuals whose compensation it reviews. The Executive Conall be considered a standing committee.	of the power to el le, or to ap mittee sha n policies a nts of the Pre ts o	

Return Explanation Reference Form 990 FORM 990 WAS PREPARED BY THE UNIVERSITY'S TAX DEPARTMENT AND THEN REVIEWED INTERNALLY BY S

Form 990,
Part VI, Line
11b Review
of form 990
N. THE FINAL FORM 990 WAS PREPARED BY THE UNIVERSITY'S TAX DEPARTMENT AND THEN REVIEWED INTERNALLY BY S
ENIOR MANAGEMENT AND EXTERNALLY BY Grant Thornton LLP. IT WAS THEN submitted TO THE COMMIT
TEE ON AUDIT AND COMPLIANCE OF THE UNIVERSITY'S BOARD OF TRUSTEES FOR REVIEW AND DISCUSSIO
N. THE FINAL FORM 990 WAS made available TO BOARD Members BEFORE FILING WITH THE INTERNAL
BY S
REVENUE SERVICE.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	CONFLICT OF INTEREST POLICIES ARE MONITORED BY THE UNIVERSITY'S Office of Ethics, Complian ce, and Privacy, WHICH DISTRIBUTES AN ANNUAL QUESTIONNAIRE. THE QUESTIONNAIRES ARE COLLECT ED, AND THE DISCLOSURES ARE SUMMARIZED AND SHARED WITH THE OFFICE OF THE SENIOR VP AND GEN ERAL COUNSEL, THE BOARD OF TRUSTEES COMMITTEE ON AUDIT AND COMPLIANCE AND OTHER BOARD COMM ITTEES AS APPROPRIATE. ANY DISCLOSURE WHICH REVEALS FACTS THAT INDICATE AN ACTUAL OR APPAR ENT CONFLICT IS REVIEWED AND, WHEN APPROPRIATE, A PLAN IS DEVELOPED AND IMPLEMENTED TO REM EDY, MANAGE, OR MINIMIZE SUCH CONFLICT. THESE PLANS ARE MONITORED AND ENFORCED THROUGH ONG OING OVERSIGHT, COORDINATED BY THE Office of Ethics, Compliance, and Privacy, INCLUDING A THOROUGH REVIEW OF UNIVERSITY PAYMENT REQUESTS THAT MAY CREATE A CONFLICT.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE EXECUTIVE COMMITTEE (THE "COMMITTEE") OF THE UNIVERSITY'S BOARD OF TRUSTEES (EXCLUDING THE PRESIDENT) WAS DELEGATED THE AUTHORITY BY THE BOARD TO SET EXECUTIVE COMPENSATION. THE UNIVERSITY REVIEWS THE MEMBERSHIP OF THE COMMITTEE FOR POSSIBLE CONFLICTS OF INTEREST AND CONFIRMS THAT MEMBERS DO NOT HAVE A CONFLICT WITH RESPECT TO A COMPENSATION ARRANGEMENT OR PROPERTY TRANSFER UNDER CONSIDERATION. THE COMMITTEE, SERVING AS THE COMPENSATION COMMITTEE, ANNUALLY REVIEWS AND DETERMINES THE COMPENSATION FOR THE PRESIDENT; REVIEWS AND APPR OVES THE COMPENSATION RECOMMENDED BY THE PRESIDENT FOR THE OFFICERS, KEY EMPLOYEES, AND OF THE TOP MANAGEMENT OFFICIALS. IN MAKING ITS ASSESSMENTS, THE COMMITTEE OBTAINS COMPENSATION IN INFORMATION PREPARED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT INCLUDES MARKET DATA FROM COMPARABLE UNIVERSITIES FOR COMPARABLE POSITIONS. IN DETERMINING THE PRESIDENT S COMPENSATION, THE COMMITTEE CONSIDERS THE CONSULTANT'S REPORT AND MARKET DATA IN ADDITION TO THE TERMS OF HIS EMPLOYMENT CONTRACT. THE COMMITTEE ALSO TAKES INTO CONSIDERATION ACC OMPLISHMENTS FOR THE CURRENT FISCAL YEAR AS WELL AS GOALS FOR THE UPCOMING FISCAL YEAR. WHEN REVIEWING THE REASONABLENESS OF THE OFFICERS, KEY EMPLOYEES, AND Other TOP MANAGEMENT OFFICIALS' COMPENSATION, IN ADDITION TO CONSIDERING THE CONSULTANT'S REPORT AND MARKET DATA, THE COMMITTEE ALSO REVIEWS THEIR PERFORMANCE, TAKING INTO ACCOUNT THE PRESIDENT'S RECOMM ENDATIONS AND OTHER INFORMATION AS IT DEEMS APPROPRIATE FROM TIME TO TIME, SUCH AS GOALS A ND ACCOMPLISHMENTS, LENGTH OF SERVICE, AND PRIOR SALARY HISTORY. IF THE COMMENSATION IS AB OVE MARKET DATA, THE COMMITTEE CONSIDERS ALL RELEVANT FACTORS AND, IF IT APPROVES THE COMPENSATION, EXPLAINS ITS RATIONALE AND INCLUDES ITS EXPLANATION IN THE MINUTES. THE COMMITTE EXCEPTION.

Return Reference	Explanation
Form 990,	THE GOVERNING DOCUMENTS (BYLAWS, CHARTER AND MISSION STATEMENT) ARE AVAILABLE ON THE BOARD
Part VI, Line	OF TRUSTEE'S WEBSITE AT: HTTP://TRUSTEES.GWU.EDU/GOVERNING-DOCUMENTS. THE FACULTY AND NON
19 Required	-FACULTY CONFLICT OF INTEREST POLICIES ARE AVAILABLE FROM THE UNIVERSITY'S Office of Ethic
documents	s, Compliance and Privacy WEBSITE AT: https://compliance.gwu.edu/policies. THE FINANCIAL S
available to	TATEMENTS ARE AVAILABLE IN THE ANNUAL REPORT, WHICH IS POSTED ON THE FINANCE DIVISION WEBS
the public	ITE AT: HTTP://FINANCE.GWU.EDU/REPORTS.

Return Reference	Explanation
Form 990, Part VII, Section A Additional trustee	ALL TRUSTEES SERVE WITHOUT COMPENSATION FOR THEIR ROLE AS TRUSTEE. NO TRUSTEE DEVOTES FULL TIME TO THIS POSITION. THE AVERAGE NUMBER OF HOURS EACH TRUSTEE DEVOTES TO HIS/HER POSITI ON ON THE BOARD OF TRUSTEES DEPENDS UPON THE TRUSTEE'S LEADERSHIP ON THE BOARD AND COMMITT EES. THREE BOARD MEETINGS AND ONE RETREAT WERE HELD DURING THE FISCAL YEAR. EACH TRUSTEE S ERVES ON AT LEAST TWO COMMITTEES.
information	

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part IX, Line
24d
Intercompany assessments
ITHE UNIVERSITY REPORTS INDIRECT EXPENSES RECORDED IN VARIOUS COST CENTERS AS A SEPARATE LI
NE ITEM (LINE 24d). INDIRECT EXPENSES INCLUDE BUT ARE NOT LIMITED TO, FACILITIES OVERHEAD,
POSTAGE, TELEPHONE, PRINT, AND ADVERTISING SERVICES PERFORMED BY INTERNAL DEPARTMENTS. TH
Intercompany assessments
ITHE UNIVERSITY REPORTS INDIRECT EXPENSES INCLUDE BUT ARE NOT LIMITED TO, FACILITIES OVERHEAD,
POSTAGE, TELEPHONE, PRINT, AND ADVERTISING SERVICES PERFORMED BY INTERNAL DEPARTMENTS. TH
ITON OF EACH INDIVIDUAL EXPENSE SO THAT ONLY COSTS PAID TO THIRD PARTIES FOR GOODS AND SER
VICES ARE REPORTED

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in value of charitable trusts3280408; Adjustment for subsidiary activity739 75; Recoveries (losses) on pledge contributions2365055;

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As Filed Data -

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493133042691

Open to Public Inspection

Internal Revenue Service

Name of the organization
The George Washington University

(Form 990)

Department of the Treasury

Employer identification number

53-0196584

Part I Identification of Disregarded Entities. Complete	if the organization answere	d "Yes" on Form 9	90, Part IV, line 3	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) DYNAMO BRASIL VII LLC c/o Corporation Trust Center 1209 Orange Street Wilmington, DE 19801	Investments	DE	0	8,746,596	GW		_
(2) George Washington WORLDWIDE LLC 1918 F St NW Washington, DC 20052	International education	DC	0	141,662	GW		
							_
							-
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ons. Complete if the organiz	zation answered "Y	es" on Form 990,	Part IV, line 34 b	ecause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section (b)(continue)	g) on 512 (13) rolled ity?
(1)Medical Faculty Associates Inc 2150 Pennsylvania Avenue NW Washington, DC 20037	Patient care, clinical research, and teaching to medical students and residents of GWU	DC	501(c)(3)	10	GW	Yes	No
52-2220700 (2)MOUNT VERNON COLLEGE c/o TAX DEPartment 45155 RESEARCH PLACE ASHBURN, VA 20147 53-0196635	EDUCATION/SUPPORT GW	DC	501(c)(3)	Type I	GW	Yes	
(3)WASHINGTON RESEARCH LIBRARY CONSORTIUM 901 COMMERCE DRIVE	LIBRARY SERVICES	DC	501(c)(3)	Type II	NA		No
UPPER MARLBORO, MD 20774 52-1559828							

Part III Identification of Related Organizations one or more related organizations treated	tions Taxable as a F ated as a partnership	Partnership. during the ta	Comple x year.	te if the or	ganizatio	on ans	wered "Yo	es" on Forn	า 990,	Part 1	V, line 3	4, be	ecaus	e it had	d
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predom income(r unrela exclude tax ur sections	ninant related, ated, d from nder s 512-	(f) Share of total income		(I Disprop alloca		(i) Code V-U amount in 20 of Schedule (Form 10	box r K-1 55)	partner	or Perce g own	(k) entage ership
						,			Yes	No		١	Yes N	<u> </u>	
Part IV Identification of Related Organiza	tions Taxable as a (Corporation	or Trus	t. Complet	e if the o	organiz	zation ans	 	l s" on F	orm 9	l 90, Part	IV,	line 3	<u> </u> 1	
because it had one or more related or	ganizations treated as	s a corporation	n or tru	st during t	ne tax ye	ear.									
(a) Name, address, and EIN of related organization	(b) Primary activity	(state o	gal iicile foreign	Direct	(d) controlling ntity	Type (C corp	(e) of entity o, S corp, trust)	(f) Share of total income		(g) e of end- year assets		(h) ercenta wnersl	age	(13) co	i) 512(b) ntrolled ity?
(1)Charitable remainder trusts (23)	Charitable Giving	cour	ntry)	NA NA		Trust								Yes Yes	No
(E) Chantable Fernander (1969 (23)	Chartcable Civing					Trusc								163	
(2) Qiaohua Mgmt Consulting (Suzhou) Co Ltd Consulting Service	Consulting service	CI	1	GWWW	LLC	C Corpo	ration	(129,0	005 1	%		Yes	
KAI TAI BLDGNO 158 RENAI RD SUZHOU, JIANGSU CH															

Page **3**

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	12	Yes	
b Gift, grant, or capital contribution to related organization(s)	16	Yes	
c Gift, grant, or capital contribution from related organization(s)		:	No
d Loans or loan guarantees to or for related organization(s)		l Yes	
e Loans or loan guarantees by related organization(s)	16	:	No
f Dividends from related organization(s)	11	F	No
g Sale of assets to related organization(s)	19	,	No
h Purchase of assets from related organization(s)	11	1	No
i Exchange of assets with related organization(s)	11		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	i	No
k Lease of facilities, equipment, or other assets from related organization(s)	114	C	No
I Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1r	n Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	11	n	No
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1,)	No
q Reimbursement paid by related organization(s) for expenses	. 10	1	No
r Other transfer of cash or property to related organization(s)	1r	-	No
s Other transfer of cash or property from related organization(s)	. 15	;	No

	Sharing of paid employees with related organization(s)				10 1	
	Reimbursement paid to related organization(s) for expenses				1p	No No
r	Other transfer of cash or property to related organization(s)				1r 1s	No No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	ount invo	ved

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019			Page 5				
Part VII	Supplemental Info	prmation					
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).					
Retu	ırn Reference	Explanation					

Additional Data

Medical Faculty Associates Inc

Software ID: 19010655 **Software Version:** 2019v5.0

EIN: 53-0196584

Name: The George Washington University

Name of related organization	Transaction type(a-s)	Amount Involved	(d) Method of determining amount involved
WASHINGTON RESEARCH LIBRARY CONSORTIUM	М	1,511,374	invoices
Medical Faculty Associates Inc	Δ	2 832 000	invoices

(h)

В

М

0

D

(0)

3,600,933

8,769,261

31,882,508

413,685

21,233,943

FMV

invoices

invoices

invoices

FMV

(a) Name of related organization	
WASHINGTON RESEARCH LIBRARY CONSORTIUM	

Form 990, Schedule R, Part V - Transactions With Related Organizations